**Instructions:** To maintain compliance with the applicable organic standards and QCS policy, please complete and **submit this form and the applicable Fee Payment Form(s) to QCS prior to the anniversary date listed on organic certificate for each certified entity\*.** Submit electronically via e-mail to [apply@qcsinfo.org](mailto:apply@qcsinfo.org) or by mail to the Gainesville office. Maintain a copy of the completed application for your own records to ensure that the submitted plan is consistent with practices on your operation.

*\*Each certified entity is identified with a unique “QCS Entity ID” number listed on the organic certificate. This form may be used to renew the organic certification of entities with multiple scopes that share the same QCS Entity ID.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. General Information Renewal Request | | | | | | | | | |
| Legal name of Entity: | | | Operation Name (dba): | | | QCS Entity No.: | | Date: | |
| Primary Contact Name: | | | E-mail: | | | Phone: | | Fax: | |
| Mailing Address: | | | | | Physical Address (Primary Location): Same as mailing | | | | |
| City: | | State: | | Zip: | City: | | State: | | Zip: |
| Country (if not located in United States): | | | | | Country (if not located in United States): | | | | |
| **Renewal Request or Surrender of Certification (select one)** | | | | | | | | | |
|  | I wish to continue certification with QCS. *Complete and submit the remainder of this Organic System Plan Annual Update (Renewal) including all applicable attachments and the completed Fee Payment Form(s) and applicable fees.* | | | | | | | | |
|  | I do not wish to continue organic certification with QCS for any organic standard(s) or export arrangement(s). I hereby surrender my organic certification and am withdrawing from organic certification with Quality Certification Services. I understand that, unless I become certified again with QCS or another accredited certifier, I cannot sell, label or represent product as certified organic. | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B. Scope of Certification Renewal** | | | | | |
| **Type of operation**  (Check all that apply) | Crop (Grower)  Processor | Wild Crop  Handler | | Livestock  Retail | Livestock (Apiculture)  Restaurant |
| **Organic standard(s)** | USDA National Organic Program (NOP)  Canada Organic Regime (COR) | | | EU Regulation 834/2007 and 889/2008 | |
| **Associated entities**  None  *List each associated certified organic entity that may be grouped for inspection*. | | | | | |
| Operation Name(s) | | | | QCS Entity No(s).: | |
|  | | | |  | |
|  | | | |  | |
|  | | | |  | |
| **Annual gross sales.** *Report the operation’s annual gross sales of organic products for the previous calendar year. Use this number to determine the annual certification fee due with the application.* | | | | | |
| Gross sales: $ | | | | From January 1, 20  to December 31, 20 | |
| **State Registration (California)**   1. Does or will organic production or handling occur in the state of California?  Yes  No 2. If yes, is the operation registered with the California Department of Food and Agriculture (CDFA) (required before the first sale of organic product and annual thereafter)?  Yes  No 3. CDFA Registration Number: 4. Attach a copy of the valid CDFA Registration Certificate.  Attachment | | | | | |
| **C. Organic System Plan Updates and Changes** | | | | | |
| The annual update must include a summary statement and supporting documentation detailing:   * any changes to the organic system plan (OSP) made in the previous year that were not already submitted to QCS and * any changes intended to be undertaken in the coming year.   Use this section to describe all updates to your OSP that have not already been submitted to QCS. Consult the current organic certificate(s) and Product Verification Form(s) for accuracy of organic standards, export arrangements, production parcels/facilities, and certified products.  Blank copies of OSP sections are available on the QCS website at [www.qcsinfo.org](http://www.qcsinfo.org) or by contacting QCS at [apply@qcsinfo.org](mailto:apply@qcsinfo.org)  *Please note that all changes that may affect compliance must be notified to QCS and approved prior to implementation, including use of new lands, inputs, labels, or facilities. New lands and products must be approved by QCS and listed on the Organic Certificate Addendum (Product Verification Form) before they are represented as organic or are used to produce products represented as organic.*   1. **Please select one of the options below:**   The organic system plan (OSP) on file with QCS is complete and accurate and does not need to be updated at this time. No changes are anticipated in the coming year.  The organic system plan (OSP) needs to be updated. Briefly describe summary of changes/anticipated changes below and attach the updated sections of the OSP. | | | | | |
| 1. **Were you issued a Noncompliance or Minor Noncompliance during the previous certification cycle?**  Yes  No  (Be sure to include any noncompliances issued, including administrative notices related to renewals and/or fee payments.)   If YES, provide an update on the implementation of corrective action for each noncompliance and/or minor noncompliance: | | | | | |
| 1. **Attachments submitted with this Annual Update** | | | **Details** | | |
| Fee Payment Form(s) (required for all operations renewing certification) | | |  | | |
| Updated section(s) of the Organic System Plan  (Be sure the verify authorized certification contacts on your plan and update if needed) | | |  | | |
| Other | | |  | | |
| **D. Affirmation** | | | | | |
| This affirmation is submitted as part of the Organic System Plan Update application to allow QCS to assess the ongoing compliance of the certified operation with the applicable organic standard to which the operation is certified. I have reviewed the Organic System Plan previously submitted to QCS and updated all sections in which the Organic System Plan has changed.  I understand that knowingly submitting false information to QCS, including falsely attesting that there have been no change in the Organic System Plan, constitutes a false statement. Further, I understand that organic certification under QCS policies and applicable organic standards creates a continuing obligation to inform QCS of all changes, additions, and deletions to the Organic System Plan. A failure to provide complete and truthful disclosure of changes to the OSP may lead to initiation of the noncompliance procedures or sanctions as described in the applicable organic standard(s) and may culminate in the suspension or revocation of the operation’s organic certification and all persons responsibly connected with the operation.  If subsequent inspection of the operation reveals that this application was incomplete or inaccurate, I understand that a Notice of Noncompliance may be issued. I also agree that any updated forms submitted by the operation to resolve the noncompliance will be reviewed by QCS staff at a charge to the operation of up to $100 per form. In addition, any subsequent inspection requested by QCS to verify the accuracy of such forms will be borne by the certified operation, even if the inspection is in addition to the regular annual inspection required by the applicable organic standard(s).  I agree that QCS has the right to request that the operation submit a complete OSP in any given year, or in all years, as QCS deems appropriate to assess compliance with the applicable organic standard(s) and QCS policies and procedures.  I affirm that I am either the principal or an agent of the operation, and am authorized to conduct business, make representations, enter into contracts and otherwise conduct business on behalf of the operation for the purposes of organic certification.  I consent to the continuation of the QCS Organic Mark Licensing Contract on file with QCS. I consent and agree to the foregoing, and further affirm under penalty of law that the responses provided by me are true, correct, and complete.  Name of person completing this form  (Must be listed on the OSP as an authorized representative of the operation):             \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |