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| Service Offer Request Form |
| 1. GENERAL INFORMATION |
| Legal Name of the Company:       | Tradename:       [ ] Does not apply |
| RUC/RNC:       | Phone:       | Email:       |
| Address:       |
| City:       | State/Province:       | Country:       |
| ***2. CERTIFICATION CONTACT (Authorized Representative)*** |
| Name:       |
| E-mail:       | Cell phone:        |
| ***3. BILLING DATA*** |
| Company name:       | Address:        |
| RUC/RNC:       | Telephone:       | Email:       |
| ***4. LOCATION OF THE PLOT OR FACILITY*** |
| Address:       |
| City:       | Province:       | Country:       |
| *Are all the production units for which you are requesting certification in the same physical location? [ ] Yes [ ] No**If your answer is no, please provide complete information regarding the physical location and access routes of the parcels for which you are requesting certification.*      |
| Geographic Coordinates /GPS (North/South Longitude and East/West Longitude):      |
| ***5. SCOPE OF CERTIFICATION*** |
| *[ ]  Agricultural production [ ]  Commercialization**[ ]  Livestock Production [ ]  Export**[ ]* *Processing [ ]  Import**[ ]  Aquaculture [ ]  Wild Collection**[ ]  Group of Producers with Internal Control System (SIC) [ ]  Beekeeping* |
| *List of products to be certified:* |
| ***1.- Agricultural, Livestock or Aquaculture Production****Indicate the number of hectares you wish to certify:*       *[ ] Does not apply**Indicate the number of hectares you wish to pre-inspect:*       *[ ] Does not apply****2.- Group of Producers****Indicate the number of producers in the group:*      *[ ] Does not apply****3.- Processing****Indicate the quantity of the processed product (t/year):*       *[ ] Does not apply****4.- Export****Indicate the quantity of the exported product (t/year):*       *[ ] Does not apply****5.- Import****Indicate the quantity of the imported product (t/year:*       *[ ] Does not apply* |
| ***6. PRODUCTS TO CERTIFY*** |
| List the products to be certified:       |
| ***7. REGULATION*** |
| *[ ]  United States (NOP-USDA) [ ]  Naturland* *[ ]  European Union (834/07 & 889/08) [ ]* Demeter*[ ]  Canada (NOP/COR equivalence) [ ]* Global Gap (fill out additional application)*[ ]  Japan (JAS) [ ]*  *HPSS* [ ]  *GRASP* [ ]  *FSMA* [ ]  *TR4* *[ ]*  *Ecuador (DAJ-20133EC-0201.099)* *[ ]  Bird Friendly (fill out additional application)*[ ]  Biosuisse *[ ]  SPP (fill out additional application), Indicate type of evaluation:**Others:*      |
| ***8. CERTIFICATION STATUS*** |
| 1. *Does your operation currently have an organic certificate? [ ] Yes [ ] No*
2. *In what year was your operation first certified?*
3. *What is the name of the certification agency?*
4. *Does your operation have a Global Gap certificate? [ ] Yes [ ] No*
5. *What is the name of the Global Gap certification agency?*
6. *In what year was your operation Global Gap certified?*
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| ***Observations:***      |
| ***The signer of this form is an authorized representative of the operation and ensures that all the information described in this document is correct and true.***           *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature Date* |