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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?* | | | | | | | |
| ***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* | | | | | | | |