



**PRODUCER EXTENSION  
APPLICATION & CONTRACT  
FOR ORGANIC CERTIFICATION**

**Note:** Farms with gross agricultural income from organic sales of less than \$5,000 US are exempt in the USA.

**FOR OFFICE USE ONLY**  
Received: / / Reg. #  
Retainer Fee: \$ \_\_\_\_\_

**This application is designed for extension of certification to the National Standard of Canada (NSC) (Can/CGSB 32.310 & 32.311), the EEC Organic Regulation #834/07 & 889/08, the Quebec Organic Reference Standards and the USDA National Organic Program (NOP).** [If you wish to be certified to the USDA NOP only, request and complete Doc # 5.2.1-NOP.] This document is both an application and contract for extension of organic certification status and a record of any changes to your organic production system plan from the previous year as required by Pro-Cert, the EEC and the NOP. If extension is required for: (i) **Livestock**, complete **Appendix A** (ii) **On-farm Processing**, complete **Appendix B**, (iii) **Greenhouses for seedling production only** complete **Appendix C**, (v) **Wild Crop Harvesting**, complete **Appendix D**, **Apiculture**, complete **Appendix E**. **Before completion**, make extra copies of the maps (Figs 3.1 to 3.4) and the tables at the end of this document. Save the original copies as “Masters” for future duplication. **After completion**, make a photocopy of the entire Application and Contract and insert it in your **Producer Records Manual**.

Please indicate which standard/regulation you wish to be certified to:

- |   |  |
|---|--|
| <input type="checkbox"/> EEC Reg. 834/07 & 889/08           | <input type="checkbox"/> National Standard of Canada (NSC) (Can/CGSB 32.310 & 311) |
| <input type="checkbox"/> Japan Agricultural Standard        | <input type="checkbox"/> USDA National Organic Program (NOP) Regulation            |
| <input type="checkbox"/> Quebec Organic Reference Standards | <input type="checkbox"/> USDA NOP Only   |
| <input type="checkbox"/> Bio-Suisse                         | <input type="checkbox"/> Other: (Specify): _____                                   |

**1.0 APPLICANT INFORMATION** [NSC .310, 4; NOP 205.401(b)]

**Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **Postal Code / Zip:** \_\_\_\_\_  
**Town/City** \_\_\_\_\_ **Province/State** \_\_\_\_\_  
**Farm Location(s):** \_\_\_\_\_  
**Phone No:** (\_\_\_\_\_) \_\_\_\_\_ **Fax No:** (\_\_\_\_\_) \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**If a corporation**, the authorized representative is \_\_\_\_\_, Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_

**1.1 Nature of Farming Operation**

Describe any changes to the nature of the organic (and non-organic) food and fibre production activities on your farm since the last inspection. Include changes to products produced, production area and production facilities. **If the farm is not 100% organic, provide and update on your conversion plan.** Complete and attach applicable Appendices A to E.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Provide the following information regarding the scale and nature of the farming operation:

Cultivated Land:

Organic \_\_\_\_\_ ac  
 Transitional \_\_\_\_\_ ac  
 Conventional \_\_\_\_\_ ac  
 Total \_\_\_\_\_ ac

Pasture Land:

Organic \_\_\_\_\_ ac  
 Transitional \_\_\_\_\_ ac  
 Conventional \_\_\_\_\_ ac  
 Total \_\_\_\_\_ ac

**Ecological Preserve** \_\_\_\_\_ **ac**

**Newly Added Land** \_\_\_\_\_ **ac**

**Total Land Area Operated** \_\_\_\_\_ **ac.**

**2.0 ORGANIC CERTIFICATION HISTORY** [NSC .310, 4.4; NOP 205.202]

Are you currently certified with any other certification body?  Yes  No

If **Yes**, please list the certification body(s): \_\_\_\_\_

**3.0 FARM DESCRIPTION** [NSC .310, 4; NOP 205.202]

If there has been no new land acquired, please continue to Section 3.4. If new land has been acquired please provide the following **updated** maps.

**3.1 Farm Map(s)**

Please provide an updated excerpt of a County Map(s) indicating the location and field numbers. Include all land owned and operated.

**3.2 Yard Map(s)**

For each new yard or bin site acquired, accurately sketch the yard indicating the name and location of all buildings, silos, bins, wells, sewage ponds, greenhouses, garden and herbal plots, etc. Assign a number to each produce storage bin or structure.

**3.3 Production Unit (Field/Plot/Greenhouse) Maps**

Using the quarter section grids attached, accurately sketch each production unit (field/plot/greenhouse) indicating the location of boundaries, sloughs, fences, shelterbelts, water runs, draining and slopes.

**3.4 Boundaries & Buffer Zones** [NSC .310, 5.1.6 – 5.1.8; NOP 205.202(c)]

Have there been any changes to management of your field boundaries and buffer zones?  Yes  No

If **Yes**, please describe the new management practices: \_\_\_\_\_

Are there any changes to your crop contamination monitoring program?  Yes  No

If **Yes**, please describe the changes \_\_\_\_\_

Remember to **record** all monitoring events in your Chronological Log.

**4.0 PRODUCTION UNIT HISTORY** [NSC .310, 4.4.1; NOP 205.202(b)]

**4.1 Long Term Field Management History**

Update **Table 4.1.d** (attached) in your Producer Records Manual for last year’s crop and changes in land base, field #'s etc.

**4.2 Recent History and Current Year Production Plan**

Complete **Table 4.1.b** (attached) for **all** fields (organic, transitional and conventional) and organic pasture if applicable. Indicate the crop (and variety) and substance use **planned** for **this** year.

Include in **Table 4.1.c** (attached) all **new land** purchased (or rented) **and attach Prior Land Use Affidavit** (Doc # 3.4).

**4.3 Amendment Use**

List and describe the on-farm and off-farm substances which you anticipate will be used during the current certification year. Indicate in Table 4.1.b & .c the fields to be treated as well as the substance and rate used.

Substance	Purpose	Composition	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Attach** a copy of the label and/or MSDS for each substance. Be use to record all substance use in your Chronological log.

**5.0 SEED, SEEDLING AND TREATMENT** [NSC .310, 5.3; NOP 205.204]

**5.1 Seed Sources**

For the crops to be seeded this year provide the following seed information:

Crop & Variety	Supplier	Supplier Certifier	Organic Status (Organic, Non-Organic)	Seed Treatment Substance	Inoculant Substance
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- under seed treatment include substances used and mechanical (scarification) or thermal treatment
- **Attach** copies of labels and/or MSDS for all seed treatments and inoculants used.

If Organic Seed is not being used has an Application for Organic Seed Rule Exemption (Doc #5.3.4.1), been completed and submitted for Pro-Cert approval, for each crop not commercially available in organic form?  Yes  No

**5.2 Genetic Engineering/Modification** [NSC .310, 1.8.1a; NOP 205.2 & 205.105(e)]

Are the seeds, seedlings and perennial stock described above propagated without the use of prohibited genetic engineering/modification methods (“excluded methods” as defined in NOP)  Yes  No. If **No**, explain: \_\_\_\_\_

\_\_\_\_\_

**6.0 CROPPING MANAGEMENT PRACTICES** [NSC .310, 5; NOP 205.205, 205.206]

**6.1 Crop Rotation Plan**

Have there been any changes to the crop rotation on the farm?  Yes  No

If **Yes**, please describe the new crop rotation (include all new crops and changes to rotation length):

**6.2 Weed Management**

Have there been any changes to the weed control program on the farm?  Yes  No

If **Yes**, describe all changes to the weed control program: \_\_\_\_\_

List any substances to be used this year in 4.4 above.

**6.3 Disease Management**

Have there been any changes to the disease control program on the farm?  Yes  No

If **Yes**, describe all changes to the disease control program: \_\_\_\_\_

List any substances to be used this year in 4.3 above.

**6.4 Pest Management**

Have there been any changes to the pest control program on the farm?  Yes  No

If **Yes**, describe all changes to the pest control program: \_\_\_\_\_

List any substances to be used this year in 4.3 above.

**Note:** All Weed, Disease and Pest Control Activities are to be recorded in your Chronological Log.

**6.5 Crop Monitoring**

Have there been any changes to the crop monitoring on the farm?  Yes  No

If **Yes**, describe all changes to the crop monitoring program:

Record all crop monitoring events in your Chronological Log.

**6.6 Harvest Practices**

Have there been any changes to the harvesting practices on the farm?  Yes  No

If **Yes**, describe all changes to the harvesting practices: \_\_\_\_\_

Are Custom Harvesters used?  Yes  No

If **Yes**, describe sanitation procedures for custom combines, trucks, produce handling equipment, etc.: \_\_\_\_\_

**6.7 Post Harvest Handling/Storage**

Have **new** produce storage facilities been introduced to the farm since the last inspection? \_\_\_ Yes \_\_\_ No

If **Yes**, provide the following information for all **new** facilities:

New Bin &/or Structure Number	Location	Type (Steel, Wood)	Floor (Wood, Concrete, Hopper)	Capacity (bus)	Organic Status (O vs NO)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have there been any changes to the type of produce storage containers used on the farm?  Yes  No

If **Yes**, describe the changes: \_\_\_\_\_

Have there been any changes to the form in which produce leaves the farm?  Yes  No

If **Yes**, please describe the changes: \_\_\_\_\_

**6.8 Produce Transportation**

Describe any changes in your transportation practices? \_\_\_\_\_

All transport inspection and sanitation events should be recorded in your chronological log.

**6.9 On-Farm Processing (Handling)**

If organic produce is processed and/or packaged on the farm, provide the following information on Nature of processing:

- cleaning – removal of weeds, soil, crop residues etc.     sorting, culling damaged specimens     packaging, bagging
- other (specify) \_\_\_\_\_

**If this activity is significant you need to complete Appendix B.**

**7.0 SOIL MANAGEMENT & MONITORING [NSC .310, 5.4, 5.5; NOP 205.200, .203 and .205]**

**7.1 General Soil Management Plan**

Have there been any changes to the nature of your soil management plan?  Yes  No

If **Yes**, describe all changes to the program: \_\_\_\_\_

Is legume cropping or plough-down part of the current soil management plan?  Yes  No

If **No**, describe your time-frame for inclusion of legumes: \_\_\_\_\_

**7.2 Natural Resource Management**

What initiatives will be undertaken this year to improve and/or maintain soil and water quality on the operation? \_\_\_\_\_

What steps are being taken to reduce the effects of wind and water erosion? \_\_\_\_\_

**7.3 Soil Fertility Management** [NSC .310, 5.4; NOP 205.203]

Have there been any changes to the soil fertility and plant nutrition monitoring program?  Yes  No

If **Yes**, describe all changes to the program: \_\_\_\_\_

Are there any off-farm soil amendments which you intend to use during the crop year?  Yes  No

If **Yes**, all such amendments must be listed in Section 4.3 above.

**Note:** all amendments must be approved by OC/PRO prior to use.

**7.4 Compost Management** [NSC .311, 4.2; NOP 205.203]

Are you currently using compost on the farm?  Yes  No

If **Yes**, list the components generally included in the compost: \_\_\_\_\_

Describe the composting method: \_\_\_\_\_

What is the C/N Ratio of the compost: \_\_\_\_\_

Describe the Temperature Regime in the compost preparation: \_\_\_\_\_

How often is the compost turned: \_\_\_\_\_

**Note:** If compost does not comply with the USDA NOP standards it will be considered raw manure.

**7.5 Animal Manure Management** [NSC .310, 5.5; NOP 205.203(c) (1)]

Is animal manure currently used on the farm?  Yes  No

If **Yes**, have there been changes in the form in which it is currently used?  Yes  No

What forms of animal manure do you use?  none  raw  liquid  semi-solid  piled  fully composted

pelleted  other (specify) \_\_\_\_\_

What type of crops do you grow on manured land?

crops not used for human consumption;  crops for human consumption whose edible portion has direct contact with the soil;  crops for human consumption whose edible portion does not have direct contact with the soil.

For crops in which the edible portion does not have direct contact with the soil, do you apply raw manure at least 90 days prior to harvest?  Yes  No. What is the average interval? \_\_\_\_\_ days.

For crops in which the edible portion has direct contact with the soil (this includes crops which are swathed prior to harvest), do you apply raw manure at least 120 days prior to harvest?  Yes  No.

What is the average interval? \_\_\_\_\_ days.

Is the raw manure incorporated immediately after application  Yes  No. If **No**, why not? \_\_\_\_\_

Land area available for spreading = \_\_\_\_\_ acres.

The average rate of Nitrogen (N) Application per acre per year is \_\_\_\_\_ lb N/ac/yr. Show your calculations:

\_\_\_\_\_  
\_\_\_\_\_

Have any analytical tests been conducted:  Yes  No

If **Yes**, provide copies of the test results.

Record all on-farm soil monitoring results in your Chronological Log.

**8.0 WATER MANAGEMENT AND MONITORING** [NSC .310, 6.4.5; NOP 205.203]

Indicate the type(s) of water use on your farm:  domestic  livestock  irrigation  greenhouse

crop processing  equipment washing  other (specify) \_\_\_\_\_

**8.1 Livestock Water** (if applicable)

Indicate source(s):  on-site wells(s)  river/creek/pond  spring  municipality/county  other (specify)

\_\_\_\_\_

Attach recent domestic and/or livestock water quality test results.

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How often is water tested? \_\_\_\_\_

What treatments are applied to the livestock water source? \_\_\_\_\_

Are animals and animal manure prevented from contaminating surface and ground water  Yes  No.

If **No**, describe the procedures to be implemented to resolve the contamination problem: \_\_\_\_\_

\_\_\_\_\_

### 8.2 Irrigation Water (if applicable)

If water is used for irrigation what is the source(s)? \_\_\_\_\_

Have any quality analysis been conducted on the source in the last year?  Yes  No

If **Yes**, **attach** copies of recent analysis.

What type of irrigation is used?  flood  sprinkler  drip  other (specify) \_\_\_\_\_

If irrigation has been previously used on the farm, is there any change to the management program?  Yes  No

If **Yes**, please describe: \_\_\_\_\_

\_\_\_\_\_

What practices are used to protect surface and ground water from irrigation damage? \_\_\_\_\_

\_\_\_\_\_

### 8.3 Water Quality Monitoring Program

Describe how you monitor the effectiveness of your water quality program. \_\_\_\_\_

\_\_\_\_\_

How often do you conduct water quality monitoring?  weekly  monthly  annually  as needed  other (specify):

\_\_\_\_\_

Attach copies of analyses as required in Sections 8.1 and 8.2

Indicate the water factor which your monitor:  pH (reaction)  conductivity  total dissolved solids (TDS)

Na  Ca  Mg  SAR  Cl  NO<sub>3</sub>  SO<sub>4</sub>  bacteria  other (specify) \_\_\_\_\_

\_\_\_\_\_

## 9.0 SANITATION PRACTICES [NSC .310, 5.6; NOP 205.201(a)2, .272]

### 9.1 Equipment Sanitation

Indicate procedures used to clean equipment  compressed air  pressure washer  brooms/brushes

flushing (e.g. irrigation)  vacuum  other (specify) \_\_\_\_\_

List and describe the agents used in equipment sanitation: \_\_\_\_\_

**Attach** copies of labels and/or MSDS for all sanitation agents used.

How is waste water and material disposed of: \_\_\_\_\_

\_\_\_\_\_

### 9.2 Facility Sanitation [NSC .310, 8.3.5, 8.3.6, 8.4.3; NOP 205.201(a)2;]

Indicate procedures used to sanitize buildings, bins, containers and other facilities:  vacuum  compressed air

pressure washer  brooms  flushing (irrigation)  other (specify) \_\_\_\_\_

**Attach** copies of labels and/or MSDS for all sanitation agents used.

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How frequently are facilities cleaned:  daily  weekly  monthly  yearly  as required  other (specify)

All activities **must** be recorded in the Chronological Log.

### 10.0 FACILITY PEST MANAGEMENT [NSC .310, 8.2; NOP 205.271]

Have there been any changes to the nature of the pest management practices used in organic produce storage and handling buildings and facilities since the last inspection?  Yes  No

If **Yes**, please describe: \_\_\_\_\_

How often are the pest management devices monitored:  daily  weekly  monthly  yearly  as required  other (specify) \_\_\_\_\_

Monitoring events **must** be recorded in Chronological Log.

Have there been any changes to the list of substances used or to be used in organic facility pest management?  Yes  No If **Yes**, please provide an updated list: \_\_\_\_\_

**Attach** copies of labels and/or MSDS for all pest control substances

### 11.0 RECORD KEEPING SYSTEM [NSC .310, 4.4; NOP 205.103]

Have there been any changes to your record keeping system since the last inspection?  Yes  No

If **Yes**, please describe: \_\_\_\_\_

Are all records maintained for a minimum of 5 years?  Yes  No

If **No**, a 5 year archive must be implemented immediately. Obtain a “**Producer Records Manual**” from Pro-Cert and update regularly.

### 12.0 PRODUCTION AND MARKETING RECORDS [NSC .310, 4.4; NOP 205.103]

The following documents must be maintained in the **Produce Marketing Section** of your **Producer Records Manual**. They should be up-to-date and complete for your inspection. They constitute your Produce Identity Preservation System.

#### 12.1 Storage/Bin Record (Doc # 5.4.3.1)

Maintain a separate **Storage/Bin Record** for each bin/container/structure used on the farm. These documents must be kept current with all incoming and outgoing produce/grain transactions from that bin/container/structure.

#### 12.2 Produce Storage Summary (Doc # 5.4.3.2)

Complete the attached **Produce Storage Summary** for **all** produce (organic and non-organic) stored on the farm after harvest is complete. This summary must include produce from the current year’s harvest, and inventory carried over from previous years. **A completed copy must be submitted to Pro-Cert by November 30 of each year to avoid a late fee of \$50 and \$25/month.**

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**12.3 Produce Transportation & Marketing Record (Doc #5.4.3.3)**

Initiate use of a new document at the beginning of each crop year. This document records all sales transactions during that crop year including organic, transitional and non-organic, also including produce from previous crop years. This document becomes the basis for a **Verification of Organic Status (VOS)** by Pro-Cert.

**12.4 Transportation Sanitation Affidavit (Doc #PC 7.4.3a)**

Document to be completed by custom produce transport operators at the time of inspection of trailer/container and prior to loading.

**12.5 Plant Sanitation Affidavit (Doc #PC 7.4.3b)**

Document to be completed by custom seed cleaning operators operating an uncertified facility. To be completed prior to seed handling. All grain handled in an uncertified facility may only be used for seed purposes and must be clearly identified as such on the Storage Bin Record and Produce Storage Summary above. **Seed handled in a non-certified seed cleaning plant cannot be sold as Certified Organic.** If the custom seed cleaner is certified collect a copy of the certificate.

**13.0 COMPLAINTS & CORRECTIVE ACTIONS [ISO Guide 65]**

Describe any complaints regarding the quality of organic produce or products received in the last year.

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Describe the corrective action(s) taken: \_\_\_\_\_

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Have records available for review at the time of inspection.

**14.0 WASTE MANAGEMENT PRACTICES [NSC .310, 5.2.1; NOP 205.201 (a)5]**

Has there been any changes to the nature of your waste management program for products such as waste water, discarded batteries, used oil, old antifreeze and other combustible wastes?  Yes  No

If **Yes**, please describe: \_\_\_\_\_

**15.0 RELEASE OF INFORMATION**

I hereby authorize Pro-Cert to release the following information upon request:

- Crop specific organic inventory date to prospective buyers;
- My name and contact information to fellow organic producers;
- My name and contact information to agencies conducting research and/or surveys on organic agriculture

**16.0 CERTIFICATION FEE CALCULATION (See Fee Schedule Doc. #5.1.1.3 EBO)**

The **Retainer Fee** which must accompany the Application and Contract is equivalent to 50% of the Total Fee payable as calculated below.

**A. Canadian, USA, EEC & Quebec Programs**

**1.0 Certification Fees:**

- 1.1 Basic Fee Extension: \$ \_\_\_\_\_
  - Cultivated Land Fee: ( \_\_\_\_\_ ac x \$ \_\_\_\_\_/ac) \$ \_\_\_\_\_
  - Pasture Land Fee: ( \_\_\_\_\_ ac x \$ \_\_\_\_\_/ac) \$ \_\_\_\_\_
- 1.2 Livestock Additional Basic Fee (If Applicable): \$ \_\_\_\_\_
  - Animal Unit Fee: ( \_\_\_\_\_ AU x \$ \_\_\_\_\_/AU) \$ \_\_\_\_\_
- 1.3 On-Farm Processing Fee (If Applicable): \$ \_\_\_\_\_
- 1.4 Greenhouse Fee (If Applicable): ( \_\_\_\_\_ ft<sup>2</sup> x \$ \_\_\_\_\_/1,000 ft<sup>2</sup>) \$ \_\_\_\_\_
- 1.5 Wild Crop Fee (If Applicable): \$ \_\_\_\_\_
- 1.6 Apiary Fee (If Applicable): \$ \_\_\_\_\_

**Sub Total:** \$ \_\_\_\_\_

**2.0. Accreditation Surcharge:** (10% of \$ \_\_\_\_\_) \$ \_\_\_\_\_  
(Sub-Total)

**B. JAS Program (If Applicable)**

Option \_\_\_\_\_ \$ \_\_\_\_\_

**C. Other Programs (If Applicable)**

Bio Suisse (Data Collection Only) \$ \_\_\_\_\_

**Total Fee:** \$ \_\_\_\_\_

**Retainer Fee =** \_\_\_\_\_ x 50% \$ \_\_\_\_\_  
(Total Fee)

The **Remainder Fee** which is due upon receipt of an invoice is equivalent to the remaining 50% of the Total Fee plus pro-rated travel Costs, any other Costs and GST/HST. An invoice will be forwarded after inspection and must be paid before evaluation and the certification decision. Unannounced inspection and audit Costs (if applicable) will be invoiced according to the Fee Schedule (Doc #5.1.1.3 EBO).

**17.0 CONTRACT FOR CERTIFICATION SERVICES**

(a) It is hereby agreed that \_\_\_\_\_ (hereinafter called the Applicant) retains **Pro-Cert Organic Systems Ltd. (Pro-Cert)** for evaluation of conformity to the **Canadian Organic Standard, the EEC Organic Regulation # 834/07 & 889/08, the Quebec Organic Reference Standards and the USDA National Organic Program (NOP)** and others for the fees outlined in the current Pro-Cert Fee Schedule. A retainer fee of \$ \_\_\_\_\_ is enclosed, the balance (remainder fee) will be paid upon receipt of an invoice but prior to application evaluation by Pro-Cert.

(b) It is further agreed that the Applicant will pay upon receipt of an invoice from Pro-Cert such additional costs incurred by Pro-Cert for surveillance during the certification period including but not limited to: (i) unannounced inspections, (ii) supplemental product inventory audits, (iii) additional forensic sample analyses and, (iv) surveillance actions. The rates and fees quoted in the current Pro-Cert Fee Schedule for producers are applicable.

(c) The Applicant hereby agrees to inform Pro-Cert of any planned changes in its operating procedures and/or scope including but not limited to: (i) the type of produce grown on the operation, (ii) any processing conducted on the operation which could affect the organic conformity of the product **prior to implementing such changes**. Pro-Cert will determine if additional inspections are required. The applicant will not release product resulting from such changes without Pro-Cert approval.

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(d) Pro-Cert, its employees and inspectors hereby agree to treat all information provided by the Applicant as obtained via inspection or research as confidential. Pro-Cert will obtain written permission from the applicant before disclosing confidential information. Pro-Cert is authorized to respond to legitimate inquiries as to the organic certification status of the applicant as may be received from time to time.

(e) The Applicant acknowledges that significant changes in procedures or scope of operation require an Application for Amendment of Certification and re-evaluation, the intensity of which is to be determined by Pro-Cert. Further, that failure to notify Pro-Cert can result in suspension or loss of certification status.

(f) The Applicant hereby affirms and verifies that the description of the organic production unit and the procedures contained in this application are accurate and complete and he, she or it: (i) has read the applicable portion of the standards or regulations; (ii) will operate the farm in accordance with the standards or regulation during the certification period; (iii) will maintain accurate and current records of all organic (and non-organic) produce and products managed by the Applicant; (iv) will not misrepresent the certification status of the farm and its end products; (v) will not use its product certification in such a manner as to bring Pro-Cert into disrepute and not make any statement regarding its product certification which Pro-Cert may consider misleading or unauthorized; (vi) will use certification only to indicate that products are certified as being in conformity with specified standards; (vii) will endeavour to ensure that no certificate or report or any part thereof be used in a misleading manner.

(g) The Applicant hereby authorizes Pro-Cert to obtain and review any and all documents or information relevant to the evaluation including but not limited to: previous certification inspection reports and documents.

(h) The applicant hereby authorizes and provides Pro-Cert, the Standards Council of Canada (SCC), The Canada Organic Office (COO), the AMS Administrator, the applicable State Official, and CAEQ representative access to premises, product, facilities, inventories, records and documents during normal business hours for the purpose of certification, audit, verification of compliance or analysis and copying and examination whether such access is arranged or unannounced.

(i) The Certificate of Conformity when issued and current entitles the applicant to display one of the Pro-Cert trademarks of organic conformity on produce and product labels and to use the same in advertising material provided that Pro-Cert first reviews the working of the said labels and materials. This license terminates with temporary or permanent withdrawal of the Certificate of Conformity and/or upon lapse of the same. The Pro-Cert certification marks **may** appear on product labels while one of the following phrases **must** appear: (i) "Certified Organic by Pro-Cert Organic Systems", (ii) "Certified Organic by Pro-Cert."

(j) The Applicant hereby acknowledges that Pro-Cert has the right to suspend or revoke organic certification status when non-conformity with aforementioned standards and regulations is confirmed and that he, she or it agrees to terminate all reference to certification in the event of such action and further that Pro-Cert has the right to advertise such action as it sees fit. In the case of suspension, at the date of notification of the suspension and during all the following period the applicant will make no misleading claims as to the status of certification, and cease to use the certification mark on the products concerned by the suspension. In addition, Pro-Cert may require that no certified product be put up for sale and that non-conforming product be subject to a corrective action, including product recall and label correction.

(k) The Applicant or Representative hereby also acknowledges that there are penalties for misrepresentation of product as organic and for the making of false statements to Pro-Cert.

(l) The applicant hereby agrees to use of the English language in this and all other related documents.

\_\_\_\_\_  
Name(s) of Applicant

\_\_\_\_\_  
Signature(s) of Applicant(s) or Representative

\_\_\_\_\_  
Date

**For Office Use Only:**

**Pro-Cert Organic Systems Ltd.  
Eastern Branch Office**

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

## 18.0 ATTACHMENTS

I have attached the following documents in support of my application for organic certification and verification of my organic crop production plan:

### Mandatory Attachments:

- Retaining Fee
- Label and/or MSDS for all substances listed in Section 4.0
- Organic Certificate(s) for all purchased organic seed varieties
- Label and/or MSDS for all seed treatments and inoculants
- Label and/or MSDS for sanitation agents listed in Section 9.0
- Label and/or MSDS for all pest control substances listed in Section 10.0
- Figure 3.1 Farm Map(s)
- Figure 3.2 Yard Map(s)
- Figure 3.3 Production Unit (Field) Map(s)
- Table 4.1.b Recent Field Management History & Current Crop Plan
- Table 4.1.c New Land History & Current Plan (If Applicable)

### Optional Attachments:

- Notice(s) of Non-Compliance, Suspension, Revocation or Denial<sup>1</sup>
- Previous Certificate, Letter of Transmittal and Inspection Report<sup>1</sup>
- Crop Monitoring test results
- Soil Fertility test results
- Plant/Soil diagnostic test results (ie. Soil or plant tissue analyses)
- Irrigation and/or livestock water quality analysis
- Produce Transportation & Marketing Record (Doc #5.4.3.3)
- Figure 3.4 Produce Handling Map<sup>2</sup>
- Appendix A – Organic Livestock/Herds/Flocks (Doc # 5.2.1 A)
- Appendix B – On-Farm Processing (Doc # 5.2.1 B)
- Appendix C – Greenhouse Management (Doc # 5.2.1 C)
- Appendix D – Wild Crop Harvesting (Doc # 5.2.1 D)
- Appendix E – Apiculture (Doc # 5.2.1 E)

### Record Keeping Reminder:

- I have made copies of this Application & Contract and other supporting documents for my own records.

<sup>1</sup> If certified by another agency in the previous year

<sup>2</sup> Only to be submitted when complex grain handling systems are in use.

### Return Application/Contract and Attachments with Retaining Fee to:

**Pro-Cert Organic Systems Ltd.  
Eastern Branch Office**

2311 Elm Tree Road Cambray, ON Canada K0M 1E0

Phone: (705) 374-5602 Fax: (705) 374-5604

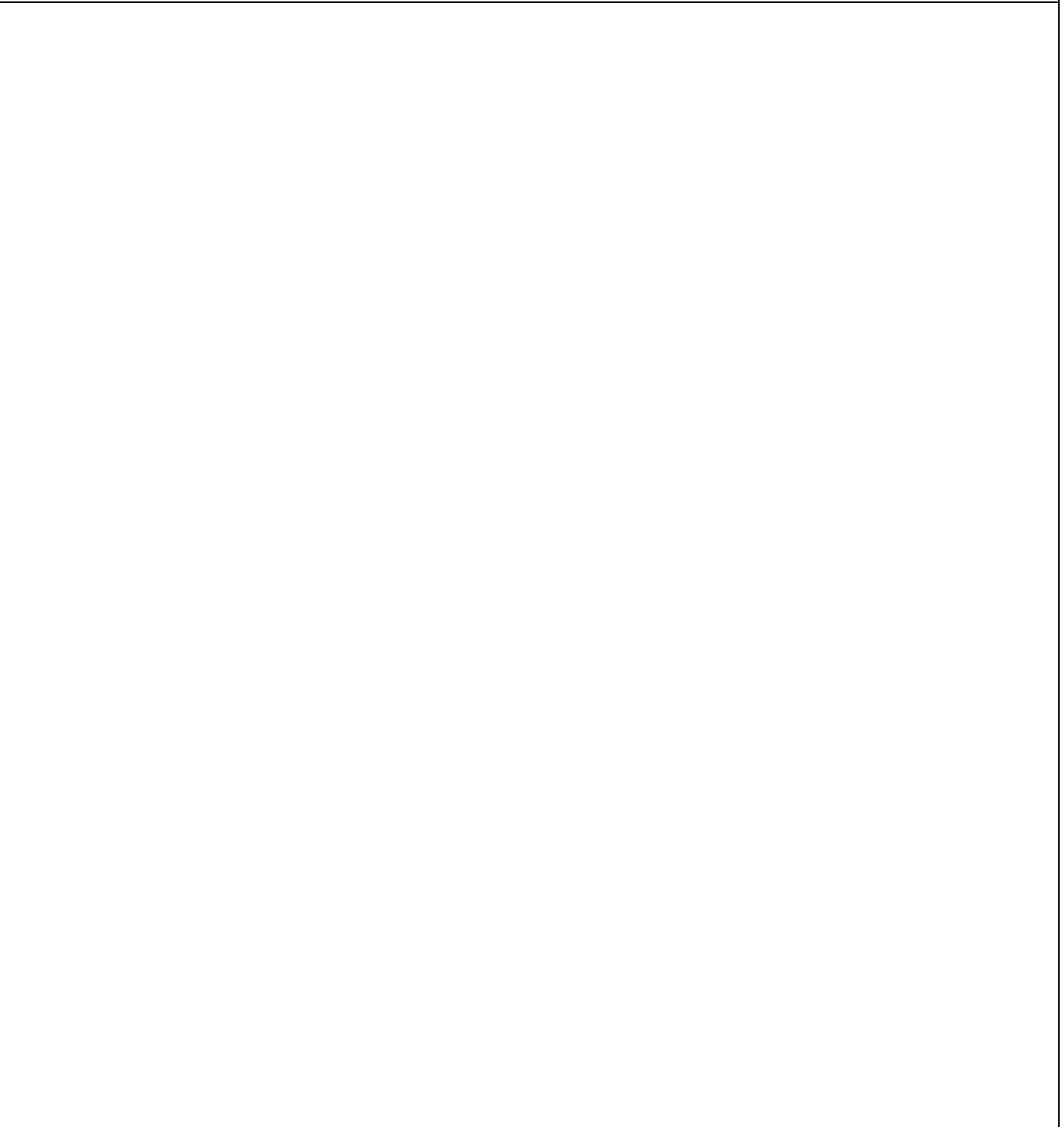
Email: infoebo@pro-cert.org

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### Figure 3.1 Farm Map(s)

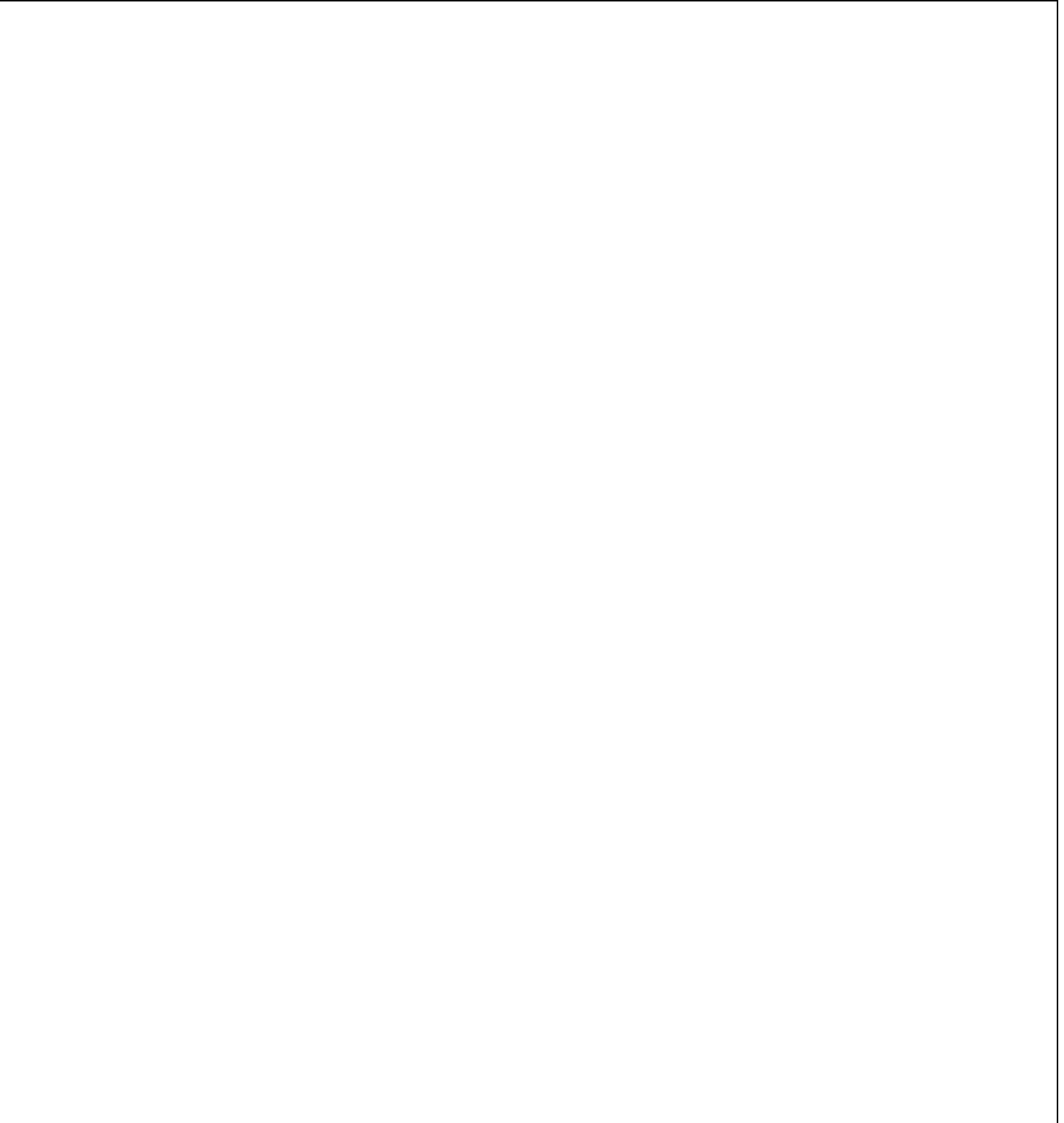
RM or County Name \_\_\_\_\_ No. \_\_\_\_\_

Paste or tape excerpts from RM or County maps and indicate via bold outline the location of your production units (fields). Assign a number to each separate field.



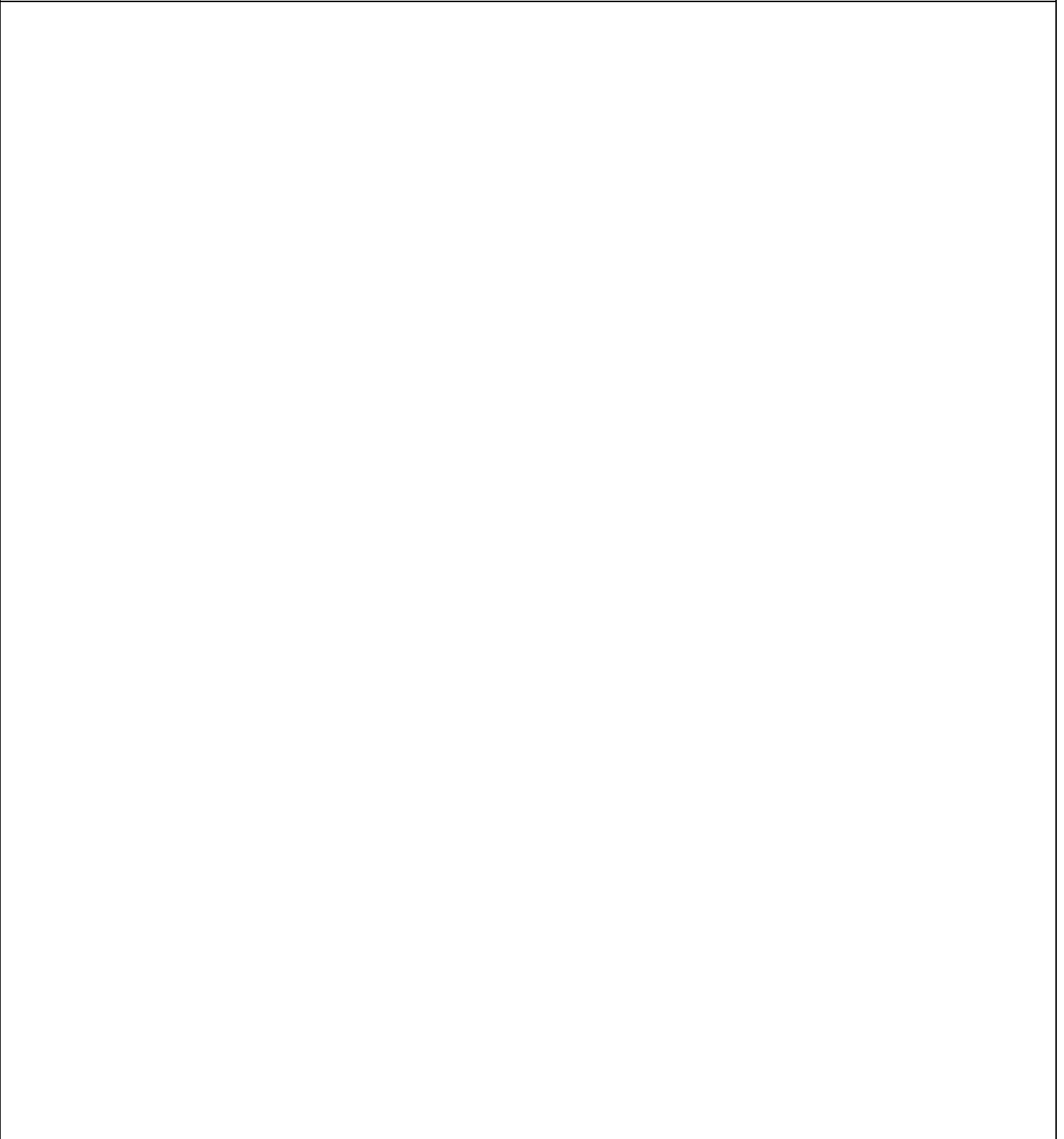
### Figure 3.2 Yard Map(s)

Make an accurate sketch of the yard site, including the location and name of all structures and plots. Assign numbers to all produce storage bins and structures. Complete one map per yard.



### Figure 3.3 Production Unit (Field) Maps – One map per unit

For each of your fields provide an accurate sketch indicating the location of boundaries, sloughs, fences, shelterbelts, water runs, drainage and slopes. Also indicate **buffer zones** where applicable. You may use photo based maps if available.



### Figure 3.4 Produce Handling Diagram (Complex Systems Only)

When using a **complex** grain handling system (eg. pits, legs, drags, distributors, etc) make an accurate sketch of the produce handling and storage system, include all equipment, buildings, augers, loaders, bins, containers, storage vessels used.

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**Table 4.1.b Recent Field Management History & Current Plan  
Extension Applicants – Crop Year 20\_\_\_\_\_**

Field No.	Legal Description (W___)	Field Area (ac)	Last Month and Year of Unpermitted Substance Use	Organic Status Code <sup>1</sup>	Cropping & Substance Use History & Plan		
					Item	One Year Previous 20_____	Current Year's Plan 20_____
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
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			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>		

1. This year's anticipated Organic Status: O = Organic T = Transitional C = Conventional
2. Pesticide includes: Herbicide, Insecticide, Fungicide, Rodenticide etc.
3. Other: All other Soil/Crop amendments and applications.

**Table 4.1.c New Land History & Current Plan**  
New Land Only – Crop Year 20\_\_\_\_

Field No.	Legal Description (W____)	Field Area (ac)	Last Month and Year of Unpermitted Substance Use	Organic Status Code <sup>1</sup>	Cropping & Substance Use History & Plan				
					Item	Three Years Previous 20____	Two Years Previous 20____	One Year Previous 20____	Current Year's Plan: 20____
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				
			Month: Year:		Crop & Variety Fertilizer Pesticide <sup>2</sup> Other <sup>3</sup>				

1. This year's anticipated Organic Status: O = Organic T = Transitional C = Conventional
2. Pesticide includes: Herbicide, Insecticide, Fungicide, Rodenticide etc.
3. Other: All other Soil/Crop amendments and applications.

