

**1. Company Name, Address and Contact Information**

Address:	Phone:
	Cell phone:
Zip Code and Town:	Fax:
	E-mail:

**Contact Person in Charge of the Project:**

Address:	Phone:
	Cell phone:
Zip Code and Town:	Fax:
	E-mail:

**Please list all dba's (doing business as) and brand names:**

**2. Prior Certification Information and Conventional Production**

Do you produce conventional products or organic products under regulations other than you apply for in this application on your farm? Yes  No

If yes, please indicate the approximate percentage for each category:

Conventional:      NOP:      GC/EU:      Other:

<p><b>Has the operation ever applied for organic certification according to NOP or GC, equivalent EU 834/2007, 889/2008 AND 1235/2008?</b></p> <p><b>YES <input checked="" type="checkbox"/>      No <input type="checkbox"/></b></p> <p>If yes, please provide the following:</p> <p>§ Name(s) of Certifying Agent(s):</p>	<p>§ According to which norm:</p> <p>§ Year(s) of Application:</p> <p>§ Outcome of submission, including, if appropriate, copies of any notifications of noncompliance or denial of certification</p> <p>Please provide a description and evidence (copies of letters from the certification agent etc.) of all corrective measures implemented.</p>
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**3. Scope of Certification**

**CERTIFICATION ACCORDING TO WHICH STANDARD IS REQUESTED:**

<b>GC, EQUIVALENT EU-REGULATION 834/2007, 889/2008 AND 1235/2008 <input checked="" type="checkbox"/></b>	<b>USDA NOP FINAL RULE <input type="checkbox"/></b>
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**4. Products for Certification**

4.1 Please list all plant products (feed and other) to be produced in the farm. Be as specific as possible.

Agricultural Product (crop) name and pastures (wild or managed vegetation)	Field size (ha) and number of plots	Expected amount of product (crop, feed) per year
1.		
2.		
3.		
4.		
5.		

