


		Application for Organic Certification		Kiwa BCS Öko-Garantie GmbH the German organic certifier No. 1	
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Applicant:		Project / Sub-Unit			

Please fill out completely – this application serves as a basis for the calculation of your offer – it is NOT A CONTRACT

1. Company Information

Address of the Company ➔ certificate holder Address where Kiwa BCS will send the Certificate <input type="checkbox"/>		Address of the production site ➔ if not the same as certificate holder Address where Kiwa BCS will send the Certificate <input type="checkbox"/>	
Company Name:		Company Name:	
P.O.Box / Street:		P.O. Box / Street:	
Zip Code / Town:		Zip Code / Town:	
Province / State:		Province / State:	
Country:		Country:	
Geographical Reference e.g. 49°27'30.86"N 11°5'41.20"E		Geographical Reference e.g. 49°27'30.86"N 11°5'41.20"E	
VAT Reg. No. Only EU-clients			
Contact data of owner ➔ if not the owner		Contact data of responsible person ➔ if not the owner	
Name:		Name:	
Phone:		Phone:	
Mobile:		Mobile:	
Fax:		Fax:	
E-mail:		E-mail:	
Address of the post-harvest / processing site ➔ if not the same as certificate holder		Address of a second production or post-harvest / processing site ➔ if relevant	
P.O. Box / Street:		P.O. Box / Street:	
Zip Code / Town:		Zip Code / Town:	
Province / State:		Province / State:	
Country:		Country:	
Geographical Reference e.g. 49°27'30.86"N 11°5'41.20"E		Geographical Reference e.g. 49°27'30.86"N 11°5'41.20"E	
Contact data of responsible person ➔ if not the owner		Contact data of responsible person ➔ if not the owner	
Name:		Name:	
Phone:		Phone:	
Mobile:		Mobile:	
Fax:		Fax:	
E-mail:		E-mail:	
<p>Note 1: If applicant is not legal owner of all facilities/sites (⇒ sub-contractors), please fill in Annex-Structogram".</p> <p>Note 2: In case of NOP certification, refer to §205.100 and §205.101 for information on what has to be certified and what is exempt from certification.</p> <p style="color: red;">IMPORTANT: Marketing, sale and/or export/import of the organic products can be conducted by the certificate holder exclusively!</p>			

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they were regularly inspected as part of a program to reduce farming intensity:	
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3.2 Producer Group – Farmer, Beekeeper, etc

Not relevant

Total number of group members:		Range of farm sizes (from ... to ...):		ha
Is the group legally organized, e.g. Cooperative, etc.?	Yes <input type="checkbox"/>	What is the average farm size?		ha
	No <input type="checkbox"/>	How many members have more farmland than the average?		
Is an Internal Control System (ICS) already implemented?	Yes <input type="checkbox"/>	Total number of sites / facilities, incl. post-harvest handling and storage units, etc.		
	No <input type="checkbox"/>			

3.3 Wild Crops Collection including wild algae

Not relevant

Total number of the collection areas:		The respective size(s) of the collection areas:		ha
Total number of take over points / collection points:		Total number of post-harvest handling and storage facilities:		
In case of collection of seaweed/ wild algae: Is the growing area of high ecological quality?	Yes <input type="checkbox"/>	If YES: Which ecological standard is met?		
	No <input type="checkbox"/>			

3.4 Beekeeping

Not relevant

Total number of bee hives - including non-organic:		Total number of organic bee hives:		
Total number of <u>locations</u> of the bee hives:		Total of distances between the locations:		km


3.5 Aquaculture ➔ for collection of wild algae see 3.3

Not relevant

Which kind of species?		Total size of production area (<u>including non-organic area</u>):		ha
No. of ponds/pools:		Total organic production area:		ha
In case of <u>seaweed / algae</u> : Used inputs/fertilizers?		In case of <u>animals</u> : Status (organic, etc.) of the used feeds?		
Which kind of animal reproduction are used?		If juveniles are purchased: Which status do they have (organic ...)?		
Do you have a Sustainable Management Plan ⁵⁾ ?	Yes <input type="checkbox"/>	If annual production is more than 20 t: Have you prepared an Environmental Impact Assessment ⁶⁾ ?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>		No <input type="checkbox"/>	

⁵⁾ Sustainable Management Plan (SMP) ➔ The SMP lists the details of the environmental effects of the operation, the environmental monitoring to be undertaken, and measures to be taken to minimize negative impacts on the surrounding aquatic and terrestrial environments, including nutrient discharge per production cycle or per year.

⁶⁾ Environmental Impact Assessment (EnvImpAs) ➔ The assessment should ascertain the conditions of the production unit and its immediate environment and likely effects of its operation.

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3.6 Livestock*

Not relevant

Which kind of animals?		Number of the different kinds of animals?	
Total size of production area (including non-organic area):	ha	Total organic production area:	ha
Total size of stable area(s):	m ²	Total size of free-range area(s):	m ²

*Does not apply to NOP.

3.7 Processing

Not relevant

Which kind of products?		Number of locations (sub-units, storage facilities, etc.):	
Which ingredients / processing aids are used?		Are non-organic products stored in the organic facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
In case of FairTSA only – Total number of employees?			

4. History of certification

Will this be the first organic inspection?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If certified before: Since when?	Month	Year
Previously certified organic by				
According to which (organic) standard(s)?				
Outcome of certification, including – if applicable – copies of any notifications of non-compliance or denial of certification: NOP specific: Has your operation previously been suspended or revoked? (note that in case of a NOP suspension, you must request reinstatement with Kiwa BCS according to (§205.662(f)).) including – if applicable – copies of any notifications of non-compliance, revocation or suspension.	Yes <input type="checkbox"/> indicate if suspension and/or revocation No <input type="checkbox"/>			
NOP specific: Does a person ¹ responsibly connected ² to another suspended/revoked operation work for your company? In case yes, please indicate name of staff, company and whether a reinstatement request already has been granted by the NOP. (§205.662(f))				
If certified before: Please provide a description and evidence (➔ copies of letters from the certification body, etc.) of all corrective measures implemented.				
Internal Double Certification: Your production unit or part of it is currently certified within another project different from the currently applied one in Kiwa BCS, or are you planning to do so?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

¹ Person: An individual, partnership, corporation, association, cooperative, or other entity.

² Responsibly connected: Any person who is a partner, officer, director, holder, manager, or owner of 10 percent or more of the voting stock of an applicant or a recipient of certification or accreditation.

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<u>Internal Double Certification:</u> If applicable Who is the certificate holder? - What is the validity of the certificate? - Which standard (organic)? - If applicable, what part of another group or project?			
<u>External Double Certification:</u> Are you currently certified by a certification body other than Kiwa BCS - or are you planning to do so?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>External Double Certification:</u> If applicable: Which certification body? - Which (organic) standard? – What is the validity of the certificate? – If applicable: what part of another group or project?			



5. Documentation, (➔ JAS) Quality Management & Qualification of Responsible Personnel

Do you have a detailed and up-to-date documentation system (e.g. field registers, processing records, etc.)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you keep purchase (e.g. agricultural inputs, raw materials for processing, etc.) and sales/export receipts on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have written Quality Management Standards or a Quality Management Handbook (QMH)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have written regulations concerning the handling of irregularities (e.g. contamination of organic products), recall actions and complaints?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Qualification and professional experience (in years) of the production manager (e.g. farmer or responsible person for processing, etc.):		
Qualification and professional experience (in years) of the quality manager – if applicable:		
Have the production manager and other responsible persons (e.g. for quality control) participated in an organic JAS training - conducted by a JAS accredited certification body - before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES: Do the participants have a written evidence of this JAS training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. Products to be certified*

	Product	Hectare (ha)	Expected amounts in tons (t)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*) in case of more than 10 products please attach a complete product list.

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7. Location(s) of the facility(ies)


Next (inter-)national airport / railway station:	
Estimated distances and travel times between airport / railway station and main project (in km and hours):	
Accessibility, distances and travel times between all included/involved facilities or sub-units:	

I, the applicant for the above-mentioned facility(ies),

- declare to be legally entitled to request for an organic certification of products according to the scope of certification as indicated in item 2. of this application.
- confirm that all above mentioned information fully and accurately represents the operation.
- understand and accept that my above stated information will be treated confidentially by Kiwa BCS.

Place / Date

Signature of Owner / Responsible Person

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The part below is for Kiwa BCS internal use only!

A) This part is to be filled in and signed by the Local Office (49703) or Sales & Marketing Team (49702)

Based on the information provided by the data of the application, the operations' *complexity is estimated to be

<input type="checkbox"/>	Regular	<input type="checkbox"/>	Large	<input type="checkbox"/>	Complex	<input type="checkbox"/>	Special
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*Accredited office (AO) keeps the rights to modify complexity during review of the project, in case where assigned category is incorrect or project structure has been changed compared to the application stage.

Based on the information provided by the application the estimated inspection time is estimated to be:

	Hours for preparation of the inspection
	Hours for onsite inspection
	Hours for finalization of inspection/assessment report
	Hours for follow up – if applicable
	<u>Hours total as detailed above</u>

The above determined parameters serve as a first appreciation for further planning and will be aligned during the review and certification process, based on the results of the onsite inspection.

B) This part is to be filled in and signed ONLY by the responsible person approved by Accredited office (AO) (Certifier/Reviewer; designated Application reviewer)

Comment on part A (if necessary!):	
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<input type="checkbox"/>	Yes	
<input type="checkbox"/>	No	Please specify:
<input type="checkbox"/>	Yes-under conditions	Please specify:

_____ Place / Date

_____ Name

_____ Signature Reviewer/Certifier