



General Information

Important:

- *In order for this form to properly import into the PCO certification system, please save a copy of this form to your desktop and fill out via Acrobat Reader.*
- *Please DO NOT fill out this form in Preview (Mac) or in your internet browser (e.g. Internet Explorer, Firefox, Safari) as this will cause your data to be lost.*
- *When sending to PCO, please DO NOT "Print to PDF" as this renders an unreadable form. Please simply "save" the PDF document and send this document to PCO.*

Instructions:

- Use this form if you are requesting certification and you are not currently certified by Pennsylvania Certified Organic (PCO).
- Use additional sheets if necessary.
- For certification renewals, use the applicable update form.
- Do not leave any questions blank. Write "none" or "not applicable" where appropriate.
- Remember to sign this form.

SECTION 1 – Operation Information

1.1 Business Name*:

**Must be a legally registered Business Name as this will appear on your Organic Certificate. If you do not have a legally registered Business Name, use Name of Sole Proprietor. All other business names including registered and unregistered business names should be listed in 1.2 below.*

- a) Select your type of business entity and fill in the information for the legally responsible person(s), as applicable. Select only one. You must provide a clear and accurate answer. PCO may request documentation verifying your legal entity information.

☐ **Sole Proprietorship**, Name of Owner:

☐ **Partnership (General or Limited)**, Name(s) of General Partner(s) (list all):

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Corporation

State of Incorporation:

Tax ID:

Name(s) of Owner(s), Director(s), and Officer(s) and their Title(s) (list all):

Limited Liability Company

State of organization:

Tax ID:

Name(s) of Owner(s), Manager(s) and Officer(s) and their Title(s) (list all):

Other (specify):

- 1.2 List all business names other than your legal business name identified in question 1.1 above, including registered fictitious names (i.e. DBA (Doing Business As) names) associated with your operation, as applicable.

- 1.3 Primary Physical Address (address where organic production and/or handling occurs and the onsite inspection can occur):

Street:

City:

State:

Zip Code:

County:

- a) Indicate whether facility/farm location listed above is owned or leased by your operation:

Owned

Leased

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- 1.4 Additional Physical Addresses: Other than the primary address provided above, list any additional locations where your operation will be responsible for the production of organic products (e.g. processing/handling, storing)?

Additional Physical Address	Activity at location: (e.g processing, storage, etc)	Owned or Leased?

- 1.5 Mailing Address: (if different than primary physical address)
Same as primary physical address

Street:

City:

State:

Zip Code:

County:

- 1.6 Billing Address: (if different than primary physical and/or mailing)
☐ Same as primary physical address

Street:

City:

State:

Zip Code:

County:

- 1.7 Business Website:

- 1.8 Check all of the below business types that apply to your operation:

- ☐ Broker
- ☐ Community Supported Agriculture (CSA)
- ☐ Co-packer
- ☐ Dairy
- ☐ Distributor
- ☐ Farm
- ☐ Grower Group: how many members?

- ☐ Poultry
- ☐ Private Labeler
- ☐ Restaurant
- ☐ Retail Establishment
- ☐ Slaughterhouse
- Storage
- Livestock
- Marketer/Trader

SECTION 2 – Contact Information

Please designate one person in your operation to be PCO's Primary Contact. This person will be listed in PCO's printed and online directories. This person should be knowledgeable of your operation, your system plans (e.g. Organic, Grass-fed) your operation's activities, applicable program standards (e.g. Organic, Grass-fed) and have authority to act on behalf of the organization.

2.1 Primary Contact:

First Name: M.I.: Last Name:

Phone: Phone (alternate):

Fax:

Email:

2.2 Billing Contact: (if different than Primary Contact listed above)

☐ Same as Primary Contact

First Name: M.I.: Last Name:

Phone: Phone (alternate):

Fax:

Email:

2.3 Preferred written communication method:

☐ Web Portal account to access files/Email for communication ☐ Postal Mail

Note: All communications and documents will come via the method you choose.

2.4 Additional Contacts

Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the system plan, or otherwise act on behalf of the company. (This may be a spouse, employee, company representative or anyone else you designate).

First Name	MI	Last Name	Title	Phone	Email

SECTION 3 – Certification Program Requests

3.1 Indicate all certification programs you are requesting assessment to this year:

- ☐ Organic (complete section 4)
☐ Organic+ Trust Certified Grass-Fed Organic Livestock Program (if you are only requesting this program and not organic certification, skip to section 5)

SECTION 4— Organic Certification Program Information

4.1 Provide a general description of your operation (i.e. types of crops, livestock, products being produced and/or handled):

4.2 When do you anticipate the need for certification? (If transitioning, when is your anticipated transition end date and harvest date; If housing a poultry flock, when is your anticipated housing date; If dairy, when is your planned milk ship date; If processing, when is your anticipated organic production date):

4.3 Are you requesting an Expedited Certification? Yes No

If yes, complete the Expedited Certified Request Form
Expedited Certification Request Form attached

4.4 Does your operation produce or handle:

Both organic and nonorganic product(s) Organic products only

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4.5 Please indicate any markets you **export to directly or indirectly** (as an ingredient or through brokers/traders, etc.). If exporting you will need to complete the Organic System Plan International Trade Supplement:

☐ N/A, I do not export

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> European Union | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Canada | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Other: |

4.6 Please indicate any markets you **import from directly**. If importing you will need to complete the Organic System Plan International Trade Supplement:

☐ N/A, I do not import

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Canada | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> European Union | <input type="checkbox"/> New Zealand |
| <input type="checkbox"/> India | <input type="checkbox"/> Switzerland |
| <input type="checkbox"/> Israel | <input type="checkbox"/> Taiwan |
| <input type="checkbox"/> Japan | <input type="checkbox"/> Korea |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Other: |

4.7 Please describe your operation's biosecurity needs for consideration during inspection assignment and preparation. For example, do you have biosecurity protocols related to specific crops or livestock onsite? (Consider both organic and non-organic production.)

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SECTION 5— Prior Certification Information

§205.2 Definition of 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.

§205.662(f)(1) A certified operation or a person responsibly connected with an operation whose certification has been suspended may at any time, unless otherwise stated in the notification of suspension, submit a request to the Secretary for reinstatement of its certification, or submit a request for eligibility to be certified.

5.1 Have you ever been certified organic, or applied for organic certification before either with the operation currently requesting certification or as a responsibly connected person of a different operation?

☐ Yes (Answer questions a & b) ☐ No (Skip to question 5.2)

a. If currently certified:

i. Provide name of certifier currently certified by:

ii. Will you be maintaining your current certification? ☐ Yes ☐ No

iii. Do you have any outstanding noncompliances*? Yes ☐ No

**Note: This includes noncompliances for paperwork or fees.*

If yes, explain your outstanding noncompliances:

b. If previously certified or applied for certification:

i. Has this operation ever had its certification surrendered, suspended, denied or revoked? ☐ Yes ☐ No

If yes, describe your certification history, including dates of certification, which agency you were previously certified by or applied to and the status of that previous certification (e.g. surrender, suspension, revocation, denial):

5.2 What were your gross organic sales in the previous calendar year (January - December)?
(only need to provide if previously certified organic):

\$

☐ N/A, not certified organic last year

SECTION 6 – Referral Information

6.1 Were you referred to seek certification with PCO by a PCO-certified operation? ☐ Yes ☐ No
If yes, provide the name of a single PCO-certified operation that referred you:

SECTION 7 – Affirmation

Please sign the application Affirmation statements below for all programs for which you are requesting certification.

7.1 USDA Organic Certification

☐ Not requesting USDA organic certification with PCO

I agree to comply with the requirements set forth by the National Organic Program in 7 CFR Part 205 and in the PCO Certification Manual including but not limited to:

1. Establish, implement, and update annually the Organic System Plan that will be submitted to PCO.
2. Cooperate with the certification process by completing all documentation requested to PCO, responding promptly to information requests and abiding by all stated deadlines.
3. Permit on-site inspections with complete access to all production and handling areas of my operation, including non-certified production and handling areas, structures, or offices by PCO. These inspections may be announced or unannounced at the discretion of PCO or as required by the Administrator or State organic program's governing State official.
4. Maintain all records application to the organic operation for not less than five (5) years beyond their creation.
5. Allow authorized representatives of PCO, the Secretary and the applicable State organic program's governing State official access to these records under normal business hours for review and copying to determine compliance with the Act and the regulations (7 CFR Part 205).
6. Make accessible all agricultural products that are to be sold, labeled or represented as organic for examination (such as residue testing) by the Administrator, the applicable State organic program's governing State official, or the certifying agent to ensure compliance with the National Organic Program.
7. Pay all certification fees as outlined on the most current fee schedule and be responsible for delinquent account fees, such as reasonable attorney fees, court costs and cost of collections including collection agency penalty of 25%.
8. Immediately notify PCO concerning any application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or product that is being requested for certification.
9. Immediately notify PCO of any significant changes in my certified operation or portion of the operation that may affect its compliance with the applicable standards or regulations (7CFR Part 205), including substances to be used as a production or handling input.
10. Ensure that my certificate, certification report or other documents or information are not used in a misleading manner and does not harm PCO.
11. Discontinue use of certification claims, PCO and NOP names and logos, upon suspension, revocation, surrender, or termination of certification and return or destroy any certification documents or materials requested by PCO.
12. Acknowledge that with acceptance of this organic system plan in no way implies granting of certification by the certifying agent.
13. Interact with PCO staff and contract inspectors in accordance with PCO's Professional Conduct Policy to ensure a safe and effective work environment for all stakeholders.

To the best of my knowledge no prohibited products have been used, applied or otherwise allowed to compromise the integrity of the organic crops, livestock or products for which I am requesting certification.

Information provided in this application is held in strict confidence and will be used only for certification

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purposes. I affirm that all statements made in this application are true and correct.

I understand that failure to abide by the above requirements may result in denial, suspension, or revocation of my organic certification, prosecution for fraud or misrepresentation, denial of services, or any other remedy allowed by law.

I give permission for PCO to release information about my operation to authorized representatives of the Secretary, applicable State Organic Program's Governing State Official, NOP-accredited certifying agents or other third parties as required by law in accordance with PCO's policy outlined in the Organic Certification Manual. PCO has my permission to obtain information, documents, or materials related to my operation or previous operations, concerning certification, denial of certification, suspension, revocation, surrender or termination from other certifiers.

Signature:

Date:

(Typing your name in the signature line above constitutes a signature.)

7.2 Organic+ Trust Certified Grass-Fed Organic Livestock Program

☐ Not requesting OPT grass-fed certification with PCO

I agree to comply with the standards and policies set forth by the OPT Grass-fed Certification Program and the PCO OPT Grass-Fed Certification Manual, including but not limited to:

1. Establish, implement, and update annually the OPT Grass-fed Certification Program documents that will be submitted to PCO.
2. Cooperate with the certification process by submitting all documentation requested by PCO responding promptly to information requests and abiding by all stated deadlines.
3. Permit on-site inspections with complete access to all production and handling areas of my operation by PCO. These inspections may be announced or unannounced at the discretion of PCO.
4. Immediately notify PCO of any significant changes in my operation or portion of the operation that may affect its compliance with the applicable standards or regulations.
5. Not market any products as OPT Certified Grass-fed Organic or use the name or seal of this program on any products or marketing materials without prior approval.
6. Acknowledge that acceptance of this application in no way implies approval by PCO.

Information provided in this application is held in strict confidence and will be used only for certification purposes. I affirm that all statements made in this application are true and correct.

I understand that failure to abide by the above requirements may result in a non-approval, prosecution for fraud or misrepresentation, denial of services, or any other remedy allowed by law.

PCO has my permission to obtain information, documents, or materials related to my OPT Certified Grass-Fed Organic certification from my organic certification agency.

I give permission for PCO to release information about my operation to authorized representatives of Organic+ Trust, OPT-accredited certifying agents or other third parties as required by law in accordance with PCO's policy outlined in the OPT Grass-Fed Certification Manual.

Signature:

Date:

(Typing your name in the signature line above constitutes a signature.)

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