



# CCOF BUSINESS CHANGE CONTRACT

- ▶ Complete this form if a change to an organic business you manage or own results in a new Tax ID, business structure, or owner. Other business changes may also require this form to be submitted, at CCOF's discretion.
- ▶ Inspection may be required prior to production depending on nature of business changes.
- ▶ **You are responsible for reviewing and understanding your Organic System Plan (OSP). Obtain a copy of the Organic System Plan from the previous owner or contact CCOF.** Keep a copy of all documents submitted to CCOF for your records.
- ▶ You are responsible for maintaining all organic records for the past five (5) years, **which may include records generated prior to submission of this application.**
- ▶ Find all forms at [www.ccof.org/documents](http://www.ccof.org/documents). Send completed forms to [inbox@ccof.org](mailto:inbox@ccof.org).
- ▶ You will be billed a \$325 nonrefundable application fee.
- ▶ **Complete and send this 5-page form to apply for certification of a new business**  
**Email to: [inbox@ccof.org](mailto:inbox@ccof.org) Or Mail to: CCOF, 2155 Delaware Ave., Suite 150, Santa Cruz, CA 95060**

## A. Describe What Has Changed:

- 1) **Management:** \_\_\_\_\_
- 2) **Business Structure.** *Attach a diagram if relevant:*  
 \_\_\_\_\_
- 3) **I attest that I have obtained and reviewed a copy of the Organic System Plan (OSP) by doing one of the following:**
  - Received from previous owner or authorized contact.
  - I have been added as an authorized contact, set up a MyCCOF account, and downloaded from the MyCCOF OSP tab.
  - I have requested a copy from CCOF. *Per the CCOF Certification Services Manual, "Reproduction and information" fees apply.*
  - N/A, authorized contact remains the same.
  - Other: \_\_\_\_\_
- 4) **Describe access to records** from previous owner or authorized contact for the past five (5) years:
  - Received from previous owner or authorized contact     Do not have access to records. Describe why:  
 \_\_\_\_\_
- 5) **Describe changes** in practices, crops, products, brands, locations below.  
*Attach updated OSP forms. Blank forms can be found at [www.ccof.org/documents](http://www.ccof.org/documents).*  
 \_\_\_\_\_

## B. Previous Operation Information

- 1) **Business Name:** \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 CCOF Certification ID (example: *ab123*): \_\_\_\_\_ Tax ID#: \_\_\_\_\_
- 2) Previous Owner Surrender of Certification (if applicable):  
 \_\_\_\_\_

Name/Title	Signature	Date
------------	-----------	------

## C. New Operation Information

- 1) **Business Name:** \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_



# CCOF BUSINESS CHANGE CONTRACT

## 2) Business Information:

Tax ID#: \_\_\_\_\_

Sole Proprietorship. Owner's Name: \_\_\_\_\_

Partnership. Owner's Names: \_\_\_\_\_

Corporation –OR-  LLC. State of incorporation: \_\_\_\_\_

Name of owners, or officers and their titles: \_\_\_\_\_

## 3) Physical Location of Your Operation.

*Where organic production occurs, or records are kept (for broker/trader/private label owners):*

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## 4) Mailing Address if different:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

## 5) Billing Address if different:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

6) Preferred language for communication:  English  Spanish (most CCOF forms & materials available in Spanish)

7) Preferred written communication method:  Email  Postal Mail

## D. New Contact Information No Change

### 1) Primary Contact

Please designate one person in your operation to be CCOF's Primary Contact. This person will be listed in CCOF printed and online directories. This person should be knowledgeable of your operation, your Organic System Plan, your operation's activities, applicable organic standards, and have the authority to act on behalf of the business. **All communication will be sent to this contact.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email(s): \_\_\_\_\_

### 2) Additional Contacts

Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the OSP, or otherwise act on behalf of the company. Check the CC box for contacts that should receive all communication along with the Primary contact listed above. Attach an additional list if necessary.  No Change

CC:

Name/Title Phone number Email

CC:

Name/Title Phone number Email

CC:

Name/Title Phone number Email

## E. Certification Program Information

1) Does this business produce or handle:

Both organic and nonorganic product(s)  Organic product(s) only  Organic and transitional product(s)

2) Please indicate any markets you export to directly or indirectly (as an ingredient or through brokers/traders etc.).

Canada  Europe/UK  Japan  Korea  Taiwan  Switzerland  Mexico

Other: \_\_\_\_\_



# CCOF BUSINESS CHANGE CONTRACT

- 3) Is the **new business** currently certified organic by another certifier?  
 No  Yes, provide name of certifier: \_\_\_\_\_
- 4) Has the **new business** ever applied for, or been granted, organic certification?  
 No. Skip to section F.  Yes. Complete this section and provide name of certifier: \_\_\_\_\_
- a) Was your certification or the certification of fields or products ever suspended or revoked?  Yes  No  
 b) Did you surrender your certification with outstanding non-compliances or conditions?  Yes  No  
 c) Was your application for organic certification ever issued a denial?  Yes  No  
 d) Did you withdraw your application for certification with outstanding non-compliances?  Yes  No
- 5) If you answered yes to a, b, c, or d above, please list the years and agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:  
 Year(s): \_\_\_\_\_  Letters Attached  
 Corrective actions taken: \_\_\_\_\_

## F. New Business California Organic Registration

- Not applicable, not based in California  Not applicable, retail or restaurant  
 Operations engaged in production of organic products in California must register with the state prior to the first sale. Visit the CDFA Organic Program webpage or contact your local County Agricultural Commissioner for more information if you produce organic crops, livestock, or process meat, fowl, or dairy products. Contact the Department of Health Services if you process or handle any other organic products. [California Organic Products Act of 2003].
- 1) California Organic Program Registration number (grower and postharvest handling): \_\_\_\_\_  
 2) Department of Health Services Organic Registration number (processing): \_\_\_\_\_

## G. Annual Certification Fee

- CCOF will estimate and invoice your certification fee based on the information provided below and collected at inspections. Please refer to the CCOF Certification Services Program Manual for fee information. **If your business is splitting into multiple operations, provide information for each business.**
- 1) **All Operations:** \_\_\_\_\_  
*Current or expected organic production value (next 12 months)*
- a) **Farm and Livestock operations:** \_\_\_\_\_  
*Current or expected cost of certified organic seed and/or feed purchased (next 12 months)*
- b) **Handlers/processors/private labelers and other non-farm businesses:** \_\_\_\_\_  
*Current or expected cost of certified organic ingredients/products purchased (next 12 months)*
- c) **Retail and Restaurant operations:** \_\_\_\_\_  
*Current or expected number of stores (next 12 months)*



# CCOF BUSINESS CHANGE CONTRACT

Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

## H. Certification Contract and Agreement

► The following must be signed by a legally authorized representative of any operation by all applicants for certification by CCOF CS (CCOF).

By signing this document, the applicant acknowledges that it has received, has read, fully understands, and agrees to be bound by the terms of the CCOF CS Certification Manuals and further agrees to:

- 1) **For operations seeking NOP certification:** Comply with all State and applicable organic production and handling regulations as described in rules issued by the United States Department of Agriculture Agricultural Marketing Service (including those regulations in 7 CFR Part 205 and the NOP Handbook as published on the USDA AMS NOP website).
- 2) **For operations seeking COR certification:** Comply with all Province and applicable organic production and handling regulations as described in rules issued by the Canada Food Inspection Agency.
- 3) **For operations seeking CCOF GMA or International Standard certification:** Comply with the requirements set forth in the CCOF GMA or International Standard Certification Manual, respectively.
- 4) **For all operations:** Comply with and strictly adhere to all CCOF standards, procedures and policies set forth in the CCOF Manuals including but not limited to the following:
  - a) Establishing, implementing, and updating annually an Organic System Plan that will be submitted to CCOF.
  - b) Permitting on-site inspections with complete access to the production or handling aspects of the operation, including non-certified production areas, structures, or offices by CCOF. These inspections may be announced or unannounced at the discretion of CCOF or as required by an accreditation authority, government entity with jurisdiction, or other governing body.
  - c) Maintaining all records applicable to the organic operation for not less than five (5) years beyond their creation.
  - d) Allowing authorized representatives of CCOF, an accreditation authority, government entity with jurisdiction, or other governing body access to these records under normal business hours for review and copying to determine compliance with the applicable standards, regulations or governing law.
  - e) Understanding CCOF may use subcontractors for inspecting, testing and other technical services, as necessary.
  - f) Submitting to CCOF any applicable fees as described on the most current fee schedule.
  - g) Immediately notifying CCOF concerning any application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or product that is part of an operation.
  - h) Immediately notifying CCOF of any change in your certified operation or portion of it that may affect its compliance with the applicable standards, regulations or governing law.
  - i) Using the CCOF name and seal(s) only in accordance with CCOF standards and ceasing all use of CCOF's name and seal upon notice by CCOF. Any use of CCOF's names or marks, without the express consent of CCOF, is strictly prohibited and constitutes an infringement of CCOF's rights. CCOF shall be entitled to its reasonable attorney's fees and costs incurred in bringing any civil action, arbitration, or mediation to enforce its rights to its names or marks.
  - j) Destroying or returning to CCOF all packaging and certificate(s) upon notice from CCOF.
  - k) Understanding that the use of the CCOF name and seal must be in accordance with the CCOF standards.
  - l) Authorizing CCOF to list certified parcel crops, products, services, and acreage on my certificate and in the CCOF Directory.
  - m) Immediately ceasing all claims of CCOF certification associated with this operation, and destroying or returning all certificates, labeling, and marketing material containing reference to CCOF in the event that this operation withdraws, or its certification is suspended or revoked.
  - n) Agreeing to be legally bound by the terms of the paragraphs entitled "Consent to Electronic Transmission", "Governing Law", "Consent to Jurisdiction", "Indemnification" and "Limit of Liability" as described in the CCOF Certification Program Manual.
- 5) **For all operations:** The New Operation (as identified in Section C(1)) agrees to comply with any and all outstanding requirements, or conditions of ongoing certification, imposed on the Previous Operation (as identified in Section B(1)) under: (i) any prior notice of noncompliance, proposed suspension, suspension, proposed revocation, revocation or denial issued to the Previous Operation by CCOF, or (ii) any settlement agreement or consent decree entered into by the Previous Operation with CCOF and/or any government entity in order to resolve any notice, charge or claim related to compliance with applicable standards of organic production and handling. The New Operation further agrees to pay any and all fees charged to the Previous Operation by CCOF and not paid by the Previous Operation as of the date this Application is signed by the applicant.

I, the owner or legally authorized corporate representative, acknowledge the above General Requirements for CCOF certification and understand that any willful misrepresentation may be cause for denial of an application and sanctioning of certification. I authorize the person(s) listed above to act on behalf of my company in establishing or maintaining organic certification. I attest that all information in this application is true and accurate to the best of my knowledge:

Name/Title	Signature	Date
------------	-----------	------



# CCOF BUSINESS CHANGE CONTRACT

Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

## I. Public Profile Information (Optional)

Use these options to describe the **new business**. This information will be used to populate your online directory profile and to help CCOF promote your unique operation.

1) Online Presence:

Facebook: \_\_\_\_\_

LinkedIn: \_\_\_\_\_

2) Sales Methods:

Community Supported Agriculture (CSA): \_\_\_\_\_

Copacking Services (CS): \_\_\_\_\_

Export (EX): \_\_\_\_\_

Farmer's Market (FM): \_\_\_\_\_

Ingredients (Ing): \_\_\_\_\_

Internet (WWW): \_\_\_\_\_

Produce Stand (PS): \_\_\_\_\_

Retail (R): \_\_\_\_\_

Tasting Room/Winery: \_\_\_\_\_

U-Pick (UP): \_\_\_\_\_

Wholesale (WS): \_\_\_\_\_

3) Apprenticeship Options:

Apprenticeship Offered: \_\_\_\_\_

Terms:  Board  Internships  Wage  Other: \_\_\_\_\_

4) Company Statement (Promotional/sales/informational or public statement about your company):

## J. Additional Service Opportunities (Optional)

Check any additional services the **new business** may be interested in and a CCOF representative or partner organization will contact you.

Food Safety Services for Farms  Food Safety Services for Facilities or Processing  Food Safety Training

Other: \_\_\_\_\_