

<b>Caucascert Ltd</b>	<b>NOP and 2018/848 Application Production</b>	<b>Code GC/DM/APL/PRO-3.1.1 NOP-EU -APP-PRO 001-28032007</b>
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<b>1. Name, Surname / Company Name:</b> <i>Please indicate the ID or VAT number</i>	
Address, Zip Code and Town:	Phone:  E-mail:
<b>Contact Person in Charge of the Project:</b>	
Address, Zip Code and Town	Phone:  E-mail:
<b>Please list all dba's (doing business as) and brand names:</b>	

<b>2. Prior Certification Information and Conventional Production</b>	
Do you produce conventional products or organic products under regulations other than you apply for in this application on your farm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the approximate percentage for each category:	
Conventional:	NOP:            2018/848:            Other:
<b>Has the operation ever applied for organic certification according to NOP or 2018/848?</b> YES <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: ▪ Name(s) of Certifying Agent(s):	<ul style="list-style-type: none"> <li>▪ According to which norm:</li> <li>▪ Year(s) of Application:</li> <li>▪ Outcome of submission, including, if appropriate, copies of any notifications of noncompliance or denial of certification</li> </ul> Please provide a description and evidence (copies of letters from the certification agent etc.) of all corrective measures implemented.

<b>3. Scope of Certification</b>		
<b>CERTIFICATION ACCORDING TO WHICH STANDARD IS REQUESTED:</b>		
<b>2018/848</b> <input type="checkbox"/>	<b>USDA-NOP-FINAL RULE</b> <input type="checkbox"/>	<b>ONLY NATIONAL</b> <input type="checkbox"/>

<b>4. Products for Certification</b>	
Please list all products to be certified and according to which norm. Be as specific as possible.	
1.	Expected amount to be certified: Land size (ha):
2.	Expected amount to be certified: Land size (ha):
3.	Expected amount to be certified: Land size (ha):
4.	Expected amount to be certified: Land size (ha):
5.	Expected amount to be certified: Land size (ha):

<b>5. Information about the Certification Project</b>	
<b>5.1 Next International Airport and estimated time (or distance) to reach the project location/s:</b>	<b>5.2 Location of the Project</b> (region, city, village, additional helpful information)
<b>5.3 Short Project Description</b> (e.g., single farm, smallholder cooperative etc.)	<b>5.4 Size of the Farm Unit(s)</b>

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<b>5.5 Size of the Whole Farm</b>	<b>5.6 Project Infrastructure</b> (please describe the complete chain of facilities including packing and exporting units). Note: Under NOP, handling and export units may be excluded.
<b>5.7 Accessibility and distances and travel times between individual facilities/units/land plots</b>	<b>5.8 Export Unit Address</b> (if different from main facility)

I confirm that I am aware of public information, which is available on certification body web site [www.caucascert.ge/https://www.ecoglobe.com/](http://www.caucascert.ge/https://www.ecoglobe.com/) or is available upon request.

I, the applicant for the above mentioned facility (facilities), declare to be legally entitled to request certification for handling and processing of organic products according to the USDA NOP Final Rule and/or 2018/848.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

**For certification use only (applicants to not interfere part below)**

**Review traceability recording**

**For transitioning from other CB:**

**Please describe the reason for changing the CB, if any:**

NCs from pervious CB obtained  via Applicant  via CB  , at which date:

Communication with CB was possible to establish  , at which date:

Standard and scope requested is in line with CB competence  Yes  No  comments

Is there any conflict of interest with applicant detected by CB, which makes impossible acceptance of application  
 No  Yes

Any comment:

Additional checks, add dates and identify checks:

Review staff personnel and date  
*(fill in to the right as many times as review was conducted):*

Prepared: N. Darbinyan/wf Date: 28.03.07	Revised: ND, EP Date: 17.11.23 NOP: ND, date: 17.11.23	Approved by: QM Date: 17.11.23 NOP: QM, date: 17.11.23	Non-Confidential	Edition 007	Pages: 2 of 3
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<b>Decision on application if negative or conditional</b> <i>(to the right) and add date.</i>	Date: Denial <input type="checkbox"/>  Reason:
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<b>Application accepted by Caucascert Ltd</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Accepted conditional <input type="checkbox"/> Additional information <input type="checkbox"/> Additional actions from applicant <input type="checkbox"/> corrective actions from applicant  Due date for conditional (see above):
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_____	_____	_____
Signature	Name, Title	Date