

Caucascert Ltd	NOP and 2018/848 Application Processing & Handling and Wild	Code GC/DM/APL/HAN-3.1.2 NOP-EU -APP-PRO-HAN 001- 28052007
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**Note to Applicants: this form should be used for both processing/handling and wild crops. In case if you are not involved in harvesting of wild crops for your further processing activities, please do not fill in the table 5.3**

<b>1. Name of Applicant:</b> <i>Please indicate the ID or VAT number</i>					
Address:		Phone:			
Zip Code and Town:		E-mail:			
<b>2. Name of Operation or Business name:</b>					
Address:		Phone:			
Zip Code and Town:		E-mail:			
<b>Name of and Contact information of Person in Charge of Organic Management:</b>					
Address:		Phone:			
Zip Code and Town:		E-mail:			
<b>Please list all dba's (doing business as) and brand names:</b>					
<b>Do you process conventional products or organic products under regulations other than you apply for in this application in your facility?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the approximate percentage for each category: Conventional:      NOP:      2018/848:					
<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>					
2018/848 <input type="checkbox"/>		USDA-NOP-FINAL RULE <input type="checkbox"/>	ONLY NATIONAL <input type="checkbox"/>		
<b>4. Products for Certification</b> Please list all products to be certified (according to which norm). Be as specific as possible.					
1.		Expected amount to be certified:			
2.		Expected amount to be certified:			
3.		Expected amount to be certified:			
4.		Expected amount to be certified:			
5.		Expected amount to be certified:			
6.		Expected amount to be certified:			
7.		Expected amount to be certified:			
Prepared by: N. Darbinyan/wf Date: 28.05.07	Revised by: ND, EP Date: 17.11.23 NOP: ND, EP date: 17.11.23	Approved by: QM Date: 17.11.23 NOP: QM, date: 17.11.23	Non-Confidential	Edition 009	Pages: 1 of 3

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8.	Expected amount to be certified:
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**5. INFORMATION ABOUT THE FACILITY(IES)**

<b>5.1 Next International Airport and estimated time (or distance) to reach the facility:</b>	<b>5.2 Additional Facility</b> (if applicable) (if wild crop harvesting is taking place list collection points and communities, fill in table below for wild crops)
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**5.3 table for wild crops harvesting**

Wild crop name, Armenian/English/Russian	Botanical name	Sales name of ready product	Other names, if important

**5.4 Project Infrastructure** (please describe the complete chain of facilities including wild crop collection areas/communities, collection points, distances from processing facilities packing and exporting units). Note: Under NOP, handling and export units may be exempt or excluded.

<b>5.5 Accessibility and Distances and Travel times between separate facilities</b>	<b>5.6 Export Unit Address</b> (if different from main facility)
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<b>5.7 Documentation System and Availability of Data</b> (e.g. logs, computerized and complete, computerized, but needs upgrading)	<b>5.8 Processing and Handling methods to be employed:</b>
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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 and other norms.

_____ Signature of Operator	_____ Name and Title	_____ Date
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**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

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Any comment:	
Additional checks, add dates and identify checks:	
Review staff personnel and date <i>(fill in to the right as many times as review was conducted):</i>	
<b>Decision on application if negative or conditional</b> <i>(to the right) and add date.</i>	Date:  Denial <input type="checkbox"/>  Reason:
<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):
_____	_____
Signature	Name, Title
	Date

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