1. Name, Surname / Company Name:	:					
Please indicate the ID or VAT number		Phone:				
Address:						
Zip Code and Town:		E-mail:				
Contact Dangen in Change of the Ducies to						
Contact Person in Charge of the Project: Address:		Phone:				
Zip Code and Town:		r none.				
	,	E-mail:				
Please list all dba's (doing business as) and b	rand names:					
2. Prior Certification Information and Do you produce conventional products or organ			then you opply	for in this application on your		
farm? Yes $\square$ No $\square$	ine products und	uel regulations other	than you appry	for many appreador on you		
If yes, please indicate the approximate percenta	age for each cate	egory:				
Conventional: 2018/848: C	Other:					
2018/848. C	lier.					
Has the operation ever applied for organic c	ertification	<ul> <li>According to white</li> </ul>	ich norm:			
according to 2018/848?		• Year(s) of Applic				
YES No No Hereina				ling, if appropriate, copies of any		
If yes, please provide the following: • Name(s) of Certifying Agent(s):				ce or denial of certification evidence (copies of letters from the		
				rective measures implemented.		
3. Scope of Certification						
CERTIFICATION ACCORDING TO WHIC	CH STANDAR	RD IS REQUESTED	):			
2018/848	ONLY NATIONA	L 🗖	OTHER 🗖			
4. Products for Certification						
4.1 Please list all plant products (feed and other	r) to be produce	ed in the farm. Be as s	specific as pos	sible.		
Agricultural Product (crop) name and	. ,	and number of	Expected amount of product (crop, feed)			
pastures (wild or managed vegetation)	plots	year				
1.						
2						
2.						
3.						
4.						
5.						
4.2 Please list all livestock species and products	s to be certified	l. Be as specific as po	ssible.			
Livestock species and breed name	Number of ani	imals	Expected an	nount of product to be certified.		
(e.g.: cows, pigs, hens, bees, other)		igs, hens, hives, (e.g.: meat, pork, milk, egg, honey, other)		pork, milk, egg, honey, other)		
	other		1			
	other)					
	other)					

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	5. Infor	mation abou	t the Certifica	tion Project			
		d time (or	<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.)			5.4 Size of the Farm Unit(s)				
5.5 Size of the Whole Farm       5.6 Accessibility and distances and travel times between individual facilities						een	
export Unit	Address (if different from ma	ain facility)					
I confirm that I am aware of public information, which is available on certification body web site <u>www.caucascert.ge</u> or is available upon request.							
I, the applicant for the above mentioned facility (facilities), declare to be legally entitled to request certification for production of organic products according to the 2018/848 and other norms.							
Name and Signature of OperatorTitle (position)Date							
For certification use only (applicants to not interfere part below)							
Review traceability recording							
6.1 For transitioning from other CB:							
For trans	sitioning from other CB:						
Please de	sitioning from other CB: escribe the reason for chan pervious CB obtained		-	which date:			
Please de NCs from	escribe the reason for char	via Applicant	□ via CB □, at				
Please de NCs from Commun	escribe the reason for channel n pervious CB obtained	via Applicant le to establish	□ via CB □, at	2:	S		
Please de NCs from Commun Standard	escribe the reason for char n pervious CB obtained ication with CB was possib	via Applicant le to establish ne with CB co applicant detec	□ via CB □, at □, at which date mpetence □ Yes	e:		upplication	
	hort Project hort Project single farm ize of the W Export Unit firm that I at request. e applicant uction of o	Vext International Airport and estimate ince) to reach the farm:         Short Project Description         single farm, smallholder cooperative etc.         ize of the Whole Farm         Export Unit Address (if different from main firm that I am aware of public information request.         e applicant for the above mentioned faculation of organic products according to the address of the unit of the above mentioned faculation of organic products according to the address of the unit of the address of the unit of the above mentioned faculation of the address of the unit of the above mentioned faculation of the address of the address of the unit of the address according to the address of the address of the address according to the address of the address according to the address	Vext International Airport and estimated time (or mce) to reach the farm:         Short Project Description         single farm, smallholder cooperative etc.)         Fize of the Whole Farm         Export Unit Address (if different from main facility)         offirm that I am aware of public information, which is availar request.         e applicant for the above mentioned facility (facilities uction of organic products according to the 2018/848         e and Signature of Operator         Title (position)         For certification use only (approximation and the second s	Vext International Airport and estimated time (or information)       5.2 Location of tinformation)         ince) to reach the farm:       information)         whort Project Description       5.4 Size of the Fail         single farm, smallholder cooperative etc.)       5.6 Accessibility         ize of the Whole Farm       5.6 Accessibility         ize of the Whole Farm       5.6 Accessibility         individual facilit       individual facilit         cxport Unit Address (if different from main facility)       iffirm that I am aware of public information, which is available on certification         request.       e applicant for the above mentioned facility (facilities), declare to be leduction of organic products according to the 2018/848 and other norms         e and Signature of Operator       Title (position)         For certification use only (applicants to not in the construction of the construction of organic products according to the construction of th	ance) to reach the farm:       information)         hort Project Description       5.4 Size of the Farm Unit(s)         single farm, smallholder cooperative etc.)       5.4 Size of the Farm Unit(s)         ize of the Whole Farm       5.6 Accessibility and distances and traindividual facilities         ize of the Whole Farm       5.6 Accessibility and distances and traindividual facilities         Export Unit Address (if different from main facility)       firm that I am aware of public information, which is available on certification body web site www.crequest.         e applicant for the above mentioned facility (facilities), declare to be legally entitled to request of organic products according to the 2018/848 and other norms.         e and Signature of Operator       Title (position)       Date         For certification use only (applicants to not interfere part below)	international Airport and estimated time (or mac) to reach the farm:       5.2 Location of the Project (region, city, village, addition information)         information)       5.4 Size of the Farm Unit(s)         isingle farm, smallholder cooperative etc.)       5.4 Size of the Farm Unit(s)         ize of the Whole Farm       5.6 Accessibility and distances and travel times between individual facilities         ize of the Whole Farm       5.6 Accessibility and distances and travel times between individual facilities         information, which is available on certification body web site www.caucascert.ge or request.       or certification is available on certification body web site www.caucascert.ge or request.         e applicant for the above mentioned facility (facilities), declare to be legally entitled to request certification uction of organic products according to the 2018/848 and other norms.       Date         For certification use only (applicants to not interfere part below)       Date	

	□ No □ Yes	
	Any comment:	
9	Additional checks, add dates and identify checks:	
10	Review staff personnel and date (fill in to the right as many times as review was conducted):	
11	<b>Decision on application if negative or conditional</b> (to the right) and add date.	Date: Denial 🗖 Reason:
12	Application accepted by Caucascert Ltd	<ul> <li>Yes No</li> <li>Accepted conditional Additional information Additional actions from applicant corrective actions from applicant</li> <li>Due date for conditional (see above):</li> </ul>
	Signature Name, Title	Date

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