

1. Name, Surname / Company Name: <i>Please indicate the ID or VAT number</i>	
Address: Zip Code and Town:	Phone: E-mail:
Contact Person in Charge of the Project:	
Address: Zip Code and Town:	Phone: E-mail:

Please list all dba's (doing business as) and brand names:

2. Prior Certification Information and Conventional Production

Do you produce conventional products or organic products under regulations other than you apply for in this application on your farm? Yes No

If yes, please indicate the approximate percentage for each category:

Conventional: NOP: 2018/848: Other:

<p>Has the operation ever applied for organic certification according to NOP or 2018/848? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following: ■ Name(s) of Certifying Agent(s):</p>	<ul style="list-style-type: none"> ■ According to which norm: ■ Year(s) of Application: ■ Outcome of submission, including, if appropriate, copies of any notifications of noncompliance or denial of certification <p>Please provide a description and evidence (copies of letters from the certification agent etc.) of all corrective measures implemented.</p>
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3. Scope of Certification

CERTIFICATION ACCORDING TO WHICH STANDARD IS REQUESTED:

2018/848 <input type="checkbox"/>	USDA NOP FINAL RULE <input type="checkbox"/>	ONLY NATIONAL <input type="checkbox"/>
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4. Products for Certification

4.1 Please list all plant products (feed and other) to be produced in the farm. Be as specific as possible.

Agricultural Product (crop) name and pastures (wild or managed vegetation)	Field size (ha) and number of plots	Expected amount of product (crop, feed) per year
1.		
2.		
3.		
4.		
5.		

4.2 Please list all livestock species and products to be certified. Be as specific as possible.

Livestock species and breed name (e.g.: cows, pigs, hens, bees, other)	Number of animals (e.g.: cows, pigs, hens, hives, other)	Expected amount of product to be certified. (e.g.: meat, pork, milk, egg, honey, other)

Is there any conflict of interest with applicant detected by CB, which makes impossible acceptance of application <input type="checkbox"/> No <input type="checkbox"/> Yes					
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>					
Decision on application if negative or conditional <i>(to the right) and add date.</i>	Date: Denial <input type="checkbox"/> Reason:				
Application accepted by Caucascert Ltd	<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):				
<table border="0" style="width: 100%; text-align: center;"> <tr> <td data-bbox="82 1339 540 1537"> <hr style="width: 80%; margin: 0 auto;"/> Name and Signature </td> <td data-bbox="540 1339 1079 1537"> <hr style="width: 80%; margin: 0 auto;"/> Name and Title </td> <td data-bbox="1079 1339 1533 1537"> <hr style="width: 80%; margin: 0 auto;"/> Date </td> </tr> </table>			<hr style="width: 80%; margin: 0 auto;"/> Name and Signature	<hr style="width: 80%; margin: 0 auto;"/> Name and Title	<hr style="width: 80%; margin: 0 auto;"/> Date
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