1. Name, Surname / Company Name:	:			
Please indicate the ID or VAT number		Dhana		
Address:		Phone:		
Zip Code and Town:		E mail:		
		E-mail:		
Contact Person in Charge of the Project				
Address:	•	Phone:		
Zip Code and Town:		T HOHO.		
zip codo ana romi.		E-mail:		
Please list all dba's (doing business as)	and brand na			
2. Prior Certification Information a				
Do you produce conventional products or o	rganic produc	ts under regulations	s other than y	ou apply for in this application
on your farm? Yes □ No □				
If yes, please indicate the approximate per	centage for ea	ch category:		
0 1 1 100 0040/040	0.1			
Conventional: NOP: 2018/848:	Other:			
Has the operation ever applied for organ		According to wh		
certification according to NOP or 2018/8	48?	Year(s) of Applic		
YES No No				iding, if appropriate, copies of
If yes, please provide the following:				pliance or denial of certification
Name(s) of Certifying Agent(s):				nd evidence (copies of letters
			on agent etc.) of all corrective measures
		implemented.		
3. Scope of Certification				
CERTIFICATION ACCORDING TO WHICH	H STANDARD) IS REQUESTED:		
2018/848 🗖		USDA NOP FINA	L RULE 🗖	ONLY NATIONAL
4. Products for Certification				
4.1 Please list all plant products (feed and	other) to be pr	oduced in the farm.	Be as specif	ic as possible.
Agricultural Product (crop) name and		a) and number of		mount of product (crop, feed)
pastures (wild or managed vegetation)	plots	per year		nount of product (crop, recu)
pastares (ima er managea regetation)	p.0.0		Po. 70a.	
1.				
2.				
3.				
4				
4.				
5.				
4.2 Please list all livestock species and pro-	ducts to be ce	rtified. Be as specif	ic as possible	9.
Livestock species and breed name	Number of ar			mount of product to be certified.
(e.g.: cows, pigs, hens, bees, other)	pigs, hens, hives, (e.g.: meat, pork, milk, egg, honey, other			
other)		3-,,,	(1.3	,, -99,, 64101)
	,			
			T.: ~ ~.	

Ī	Prepared:	Revised: ND, EP	Approved by: QM	Non-Confidential	Edition	Pages:
	ZN	Date: 17.11.23	Date: 17.11.23		007	1 of 3
	Date: 01.06.15	NOP: ND, EP date: 17.11.23	NOP: QM, date: 17.11.23			

Caucascert Lt	td	NOP and 2018/848 Application Livestock (Beekeeping)		Code GC/DM/AL-3.1.3 NOP-EU-APP-LVS-001-01062015			
(Beekeeping)						001 01002010	
1.							
2.							
3.							
4.							
5.							
		5. Inforn	nation abou	ut the Certificati	on Project		
5 1 Next Intern	ational Airport					rity village a	dditional
5.1 Next International Airport and estimated time (or distance) to reach the farm:		5.2 Location of the Project (region, city, village, additional helpful information)					
5.3 Short Proje			-1-\	5.4 Size of the Fa	rm Unit(s)		
(e.g., single farn	n, smallnolder d	cooperative	etc.)				
5.5 Size of the	Whole Farm			5.6 Accessibility and distances and travel times between			
				individual facilitie	es		
5.7 Export Unit	Address (if dif	ferent from	main facility)				
I confirm that I a	ım aware of pub	olic informat	ion, which is a	 available on certifica	tion body web site		
				ailable 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 USDA NOP Final Rule and/or 2018/848 and other norms.							
Name and Signature of Operator Title (pos			ition)	tion) 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 s	scope requeste	ed is in line	with CB com	petence 🗆 Yes 🗆	No □ comments		
Prepared:	Revised: ND, ER)	Approve Date: 17	ed by: QM	Non-Confidential	Edition	Pages:
	NOP: ND, EP da	ate: 17.11.23		.11.23 M, date: 17.11.23		007	2 of 3

Is there any conflict of interest with applicant detect ☐ No ☐ Yes	cted by CB, which makes im	possible acceptance of application
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):		
Decision on application if negative or conditional (to the right) and add date.	Date: Denial □ Reason:	
Application accepted by Caucascert Ltd	☐ Yes ☐ No ☐ Accepted conditional ☐ Additional actions from apapplicant Due date for conditional (s	plicant corrective actions from
Name and Signature	Name and Title	Date

NOP and 2018/848 Application Livestock

(Beekeeping)

Caucascert Ltd

Code GC/DM/AL-3.1.3

NOP-EU-APP-LVS-001-01062015

Prepared:	Revised: ND, EP	Approved by: QM	Non-Confidential	Edition	Pages:
ZN	Date: 17.11.23	Date: 17.11.23		007	3 of 3
Date: 01.06.15	NOP: ND, EP date: 17.11.23	NOP: QM, date: 17.11.23			