|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1-Contact Information | | | | **Office Use** | | |
| Client name: (trade /farm name) | |  | | Registration Number | |  |
| Person Responsible: | |  | | All relevant application received | |  |
| Position:  ☐Owner ☐ Partner ☐ Officer ☐ Director ☐ QA Manager ☐ Facility Manager ☐ Other: | | | | Reviewed date & Sign | |  |
| Application can be processed | | ☐ Yes ☐ No |
| Type of business:  ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☐ Cooperative ☐ Other: | | | | | | |
| Contact person: |  | | | | | |
| Mailing Address: |  | | City: | |  | |
| State/Province: |  | | Zip/Postal code: | |  | |
| Country: |  | | Fax: | |  | |
| Phone: |  | | Mobile: | |  | |
| Email: |  | | Website: | |  | |
| 2-Scope of certification requested; | | | | | | |
| ☐ Crop production ☐ Processing ☐ Trading  ☐ Animal Husbandry / Dairy ☐ Wild harvest ☐ Input approval  ☐ Apiculture ☐ Textiles ☐ Aquaculture  ☐ Animal Feed | | | | | | |
| 3-Certification Standard Requested: | | | | | | |
| ☐ NSOP/NPOP ☐ NOP/USDA ☐ EU ☐ COR ☐ BioSuisse  ☐ ISOT/NPOP ☐ GOTS ☐ TE ☐ OCS ☐ Other | | | | | | |
| 4-Previous Certification(s): | | | | | | |
| **Are you currently certified as per the standard requested?**  If yes, submit a copy of your current certificate(s) and compliance letter(s). | | | | ☐Yes ☐No  *Copy of current certificate is mandatory without which application will not be processed* | | |
| **If you are not currently certified as per standard requested;**  Have you been previously certified/applied for any Organic programme?  If yes, Provide details about it. | | | | ☐ Yes ☐ No | | |
| Are you received any non-conformity from last certifier?  If yes, provide details about it. | | | | ☐ Yes ☐ No | | |

**Note: - the application and associated documents relevant to the scope shall also be filled to make this complete**

**Declaration:**

The information provided in this form is complete and accurate to the best of my knowledge. I’ve a copy of standard requested with me and have the age and authority to sign this document. I agree that **FMO04-Certification Agreement** will be signed once the offer is acceptable to me.

Signature: Place:

Name: Date: