

**APPLICATION FOR THE SUBMISSION OF AN OPERATION
TO THE INSPECTION & CERTIFICATION SYSTEM FOR ORGANIC PRODUCTS**

1 Operator Details			
Operator or Company Name <i>(including legal type)</i>		Type	
VAT Number		Type	
Name/Surname of legal representative <input type="checkbox"/> Mr / <input type="checkbox"/> Mrs		Type	ID/ Passport Type
Address	Type	City	Type Postal code Type
Country	Type	Website	Type
Phone	Type	email	Type
Contact person, <input checked="" type="checkbox"/> Mr / <input type="checkbox"/> Mrs			
Name/Surname		ID/ Passport	Type
Phone		email	Type

2 Type of Desired Certification	
a. Application type	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Changes in the Scope of Certification: <input type="checkbox"/> Extension <input type="checkbox"/> Reduction
b. Certification type	<input type="checkbox"/> Individual Certification <input type="checkbox"/> Group Certification
c. If applying for group certification, please indicate the following:	
Is the operator in point 1 responsible for the Group's Central Management?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
If no, please indicate (Name, full address, legal form, telephone, fax, e-mail)	Type
Number of producers <i>(also fill in the information at Annex – List of Group Members)</i>	Type
Are there written agreements between the company (group manager) and the producers?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Are all the members of the Group applying similar production systems?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Are all the members of the Group in geographical proximity?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Desired Certification Scope according to Regulation (EU) 2018/848,	
<input type="checkbox"/> Unprocessed plant products (fill table 4 & 6 for storage units)	<input type="checkbox"/> Live animals or unprocessed animal products (fill table 8)
<input type="checkbox"/> Processed plant products for use as food (fill table 6)	<input type="checkbox"/> Processed livestock products (fill table 6)
<input type="checkbox"/> Wholesale of organic products (fill table 6)	<input type="checkbox"/> Beehives and honey products (fill table 9)
<input type="checkbox"/> Trading of organic products	<input type="checkbox"/> Processed honey products (fill table 6)
<input type="checkbox"/> Wild plants collection (fill table 5)	<input type="checkbox"/> Aquaculture products and seaweeds (fill table 10)
<input type="checkbox"/> Processed agricultural products for use as feed (fill table 6)	<input type="checkbox"/> Processed aquaculture products and seaweeds (fill table 6)
<input type="checkbox"/> Export of organic products (fill table 7) <i>(Must be checked in combination with other main activities)</i>	<input type="checkbox"/> Vegetative propagating material and seeds (fill table 4)
Summary of Organic Activities	Summary of Non-Organic Activities
Provide a short summary of the operation's description (products, size, etc.) and the relevant activities for which you seek organic certification.	Provide a short summary of the non-organic activities. In case there is no non-organic activity, just type "there is no non-organic activity".

3 Information Relating to Prior Certification		<input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable
<i>(To be filled only by applicants that are/have been certified by another EC approved Control Body)</i>		
3.1 Is the company currently certified by another Equivalent Control Body?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
3.2 If yes, activity/ies which is certified	<input type="checkbox"/> Primary production - <input type="checkbox"/> Processing - <input type="checkbox"/> Other	
3.3 Activity/ies) that shall be transferred to A CERT	<input type="checkbox"/> Primary production - <input type="checkbox"/> Processing - <input type="checkbox"/> Other	
3.4 Name of recognised Certification Body	Type	
3.5 Code number of recognised Certification Body	YY-BIO-XXX	
3.6 Date of <u>initial</u> submission to the control system	dd/mm/yyyy	
3.7 Has the operation's certification been revoked?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
*If yes, please, describe the reasons	Type	
3.8 Is the transfer request to the former Certification Body attached?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
<input type="checkbox"/> I hereby request to transfer from the Previous Certification Body to A CERT		

4 Plant Production <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable							
S/N	Farm code (Unit Identifier)	Location (Prefecture)	Surface (ha)	Type of crops	Sowing period	Harvest period	Ownership
E.g.	FR1-675	Thessaloniki	85	Annual & Seasonal	3-4, 9-10	5-8, 10-2	Rented
1	Type	Type	Type	Select	Months (From-to)	Months (From-to)	Select
2	Type	Type	Type	Select	Months (From-to)	Months (From-to)	Select
3	Type	Type	Type	Select	Months (From-to)	Months (From-to)	Select
4	Type	Type	Type	Select	Months (From-to)	Months (From-to)	Select
5	Type	Type	Type	Select	Months (From-to)	Months (From-to)	Select

Total Surface (ha): Type

5 Wild Plants Collection <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable						
S/N	Location (Prefecture)	Surface (ha)	Collected wild plants	Collection period	Permitted volumes (kg)	
1	Type	Type	Type	Months (From-to)	Type	
2	Type	Type	Type	Months (From-to)	Type	

Remarks: Type

6 Processing, Packaging, Wholesaling & Storage <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable				
S/N	Unit identifier	Location (Prefecture)	Unit type	Type of products*
1	Type	Type	Select	Type
2	Type	Type	Select	Type
Distance of the unit(s) from the address in section 1			<input type="checkbox"/> Same address / <input type="checkbox"/> Other	
Percentage of organic production from total production			Type %, Remarks, if any	

*Examples: Tea, Herbs, Coffee, Juice, Wine, Beverages, Starchy, Bakery, Oils, Fats, Dairy products, Grains, Fruit & Vegetables, Feeds, etc.

7 Export <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable	
a. Export office	<input type="checkbox"/> Same as section 1 / <input type="checkbox"/> Other
b. Countries planning to export	Type

8 Livestock Production <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable						
S/N	Name of housing/ breeding sites	Location (Prefecture)	Animal species	Number of Animals	Type of products	Feeds sourcing
1	Type	Type	Type	Type	Type	<input type="checkbox"/> Own <input type="checkbox"/> Suppliers
2	Type	Type	Type	Type	Type	<input type="checkbox"/> Own <input type="checkbox"/> Suppliers

9 Beekeeping Units <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable				
S/N	Location of beekeeping main facilities (Prefecture)	Location (Prefecture)	Number of Beehives	Estimated annual production (kg)
1	Type	Type	Type	Type
2	Type	Type	Type	Type
Is the company processing/packaging/labelling the own produced honey products?			<input type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please fill table 5)	

10 Aquaculture and Seaweeds Production Units <input type="checkbox"/> Applicable / <input type="checkbox"/> Non-Applicable				
Facilities Details		Location (Prefecture)	Species	Est. production (kg)
Water	<input type="checkbox"/> Fresh <input type="checkbox"/> Salted <input type="checkbox"/> Brackish	Type	Type	Type
Production system	<input type="checkbox"/> Open <input type="checkbox"/> Closed	Type	Type	Type
Traditional salt pans/Lakes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Type	Type
Number of Earth ponds	Type	Type	Type	Type
Number of Fishponds	Type	Type	Type	Type
Number of Net pens/cages	Type	Type	Type	Type
Number of Specify	Type	Type	Type	Type
Is the company processing/ packaging/ labelling the own produced aquaculture/ seaweeds products?		<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No (If yes, please fill table 5)		

Declaration - Description
Depending on the desired type of certification, the following documents shall be filled and submitted together with the application,
<ul style="list-style-type: none"> • For <u>plant production, collection of wild plants, and production of seeds and propagating material</u>: <ul style="list-style-type: none"> ○ Form ICS-BIO3C-D1.2 Description of Plant Production Organic System Plan (PP-OSP), and ○ Form ICS-BIO3C-D1.8 List of Fields
<ul style="list-style-type: none"> • For <u>processing of agricultural products for use as food/ feed, packaging, wholesaling, and trading</u> of organic products: <ul style="list-style-type: none"> ○ Form ICS-BIO3C-D1.3 Description of Handling Organic System Plan (H-OSP), and, where applicable, ○ Form ICS-BIO3C-D1.30 Product ID
<ul style="list-style-type: none"> • For livestock, aquaculture and seaweeds production, Form ICS-BIORC-D1.4 Declaration-Description of Livestock Production Enterprise for Inclusion to the Control and Certification System
<ul style="list-style-type: none"> • For apiculture and honey production, Form ICS-BIO3C-D1.24 Description of Apiculture Production Operation for Submission to the Organic Control System

Desired language during the inspection **Mother language** / **English** / **Other** : Type

Requesting to:

Submit my operation or an additional part of my operation to the certification system of A CERT SA in accordance with Regulation (EU) 2018/848.

I declare that I, the undersigned, and my staff involved in the certification process or in the controls have sufficient knowledge of English and are able to understand all of A CERT's documents and internal procedures regarding the certification process. Furthermore, I declare that all information given in this application is true and can be verified at any time. I also declare that I will provide all required information to the Organization for the evaluation of my company's products to be certified. The rules are understood and fully accepted. I confirm the above application scopes (products, standards, etc.) and guarantee organic production according to the standards, applicable laws, and regulations. I undertake not to use any prohibited substance in my entire organic operations after the submission of my operation to the Organic Control Scheme; I undertake to establish an appropriate and efficient management system and to keep relevant records according to the abovementioned certification requirements. In case that any prohibited substances are used due to force majeure, I shall timely notify A CERT about the use and all yields herewith shall be sold as non-organic products, otherwise, I'm willing to bear all the consequences arising therefrom.

Date: dd/mm/yyyy

Name/ Surname: Owner or legal representative

Signature:

ANNEX - LIST OF GROUP MEMBERS
To be filled in case of applying for **Group Certification**

s/n	Producer Name	Address (village, prefecture)	City	Crop(s)	Location of farms (village)	Hectares (ha)	Distance from central operation*	Annual turnover (in Euro)**
1	Type	Type	Type	Type	Type	Type	Type	Type
2	Type	Type	Type	Type	Type	Type	Type	Type
3	Type	Type	Type	Type	Type	Type	Type	Type
4	Type	Type	Type	Type	Type	Type	Type	Type
5	Type	Type	Type	Type	Type	Type	Type	Type
6	Type	Type	Type	Type	Type	Type	Type	Type
7	Type	Type	Type	Type	Type	Type	Type	Type
8	Type	Type	Type	Type	Type	Type	Type	Type
9	Type	Type	Type	Type	Type	Type	Type	Type
10	Type	Type	Type	Type	Type	Type	Type	Type
11	Type	Type	Type	Type	Type	Type	Type	Type
12	Type	Type	Type	Type	Type	Type	Type	Type
13	Type	Type	Type	Type	Type	Type	Type	Type
14	Type	Type	Type	Type	Type	Type	Type	Type
15	Type	Type	Type	Type	Type	Type	Type	Type
16	Type	Type	Type	Type	Type	Type	Type	Type
17	Type	Type	Type	Type	Type	Type	Type	Type
18	Type	Type	Type	Type	Type	Type	Type	Type
19	Type	Type	Type	Type	Type	Type	Type	Type
20	Type	Type	Type	Type	Type	Type	Type	Type
21	Type	Type	Type	Type	Type	Type	Type	Type
22	Type	Type	Type	Type	Type	Type	Type	Type
23	Type	Type	Type	Type	Type	Type	Type	Type
24	Type	Type	Type	Type	Type	Type	Type	Type
25	Type	Type	Type	Type	Type	Type	Type	Type
26	Type	Type	Type	Type	Type	Type	Type	Type
27	Type	Type	Type	Type	Type	Type	Type	Type
28	Type	Type	Type	Type	Type	Type	Type	Type
29	Type	Type	Type	Type	Type	Type	Type	Type
30	Type	Type	Type	Type	Type	Type	Type	Type
31	Type	Type	Type	Type	Type	Type	Type	Type
32	Type	Type	Type	Type	Type	Type	Type	Type
33	Type	Type	Type	Type	Type	Type	Type	Type
34	Type	Type	Type	Type	Type	Type	Type	Type
35	Type	Type	Type	Type	Type	Type	Type	Type
36	Type	Type	Type	Type	Type	Type	Type	Type
37	Type	Type	Type	Type	Type	Type	Type	Type
38	Type	Type	Type	Type	Type	Type	Type	Type

* Indicate the distance (in km) of the furthest farm of each group member from the central management unit of the Group (e.g.,: pack-house)

** An estimation can be based on the average annual turnover of the last 2 calendar years (income from agriculture activities) or based on a forecast of the product sales