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Trader Organic System Plan Annual Update

Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 6. Any incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable."

Be sure to revise or update your Trader Organic System Plan and provide TCO Cert with copies of the revised pages.

SECTION 1: Programs Requested

Operator Name:	Operator Number:
↑ <i>The Operation Name must be a person and a person means an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.</i>	
Operation Name:	
↑ <i>Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or any other name(s) the certificate holder wants added on the certificate. Leave blank if you don't want any other name on the certificate.</i>	
Contact Person's Name:	
Check ALL the programs for which you are requesting certification and/or verification. <i>Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested and the inspector addresses the necessary questions. Certification/verification to any program not requested now cannot be granted at a later date (after the initial inspection) without an additional inspection.</i>	
Certification/Verification Programs: <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> Attestation of Compliance (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV	
Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement	
**Requires submission of additional documents. <i>Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.</i>	
1. Please list current organic certification by other agencies.	
2. Do you have a copy of the current standards for all programs for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you understand the current organic standards for each program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I have reviewed my Trader Organic System Plan. <u>If no</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I have made revisions to my Trader Organic System Plan and have attached the revised pages with the date and my initials.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (no changes).

SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certificate that lists the previous noncompliances.

Were there any Noncompliances or Opportunities for Improvement from last year's certification? If yes, please complete the following table, briefly listing each Noncompliance and Opportunity For Improvement and describing the actions taken to address each one. Attach additional sheets if necessary.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Noncompliance; Opportunity for Improvement	Action Taken	
1.		
2.		
3.		
4.		
5.		

SECTION 3: Changes Made to your Operation/Procedures/Products Since Your Last Inspection

1. Did any changes or additions to your trading activities occur since the last inspection (i.e., products being transformed, packaged, and/or labelled)? <u>If yes</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Initials: _____ Date: _____

Please note the following:

- ***If you are planning on using the custom services of a Contractual Service Provider (for example, seed cleaning, storing, etc.) which does not hold an Attestation of Compliance to the COR standards or an Organic Certificate, the custom service activities performed by the Contractual Service Provider need to be outlined and included in your Organic System Plan Annual Update***
 - ***The service provider's facility and activities need to be included in the annual inspection of your operation.***
- In addition, please be aware that a Contractual Service Provider, which performs packaging and labelling of your organic products, needs to be CERTIFIED to the COR for Packaging and Labelling***

SECTION 4: Organic Integrity

1. If Organic/Non-organic – same products traded: Has there been any changes to procedures to prevent commingling? <u>If yes</u> , please describe these changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Has the method of storage of organic product(s) and/or pest control changed since you last inspection? <u>If yes</u> , please describe the changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the method of transporting organic product(s) changed since your last inspection? <u>If yes</u> , please identify the changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

SECTION 5: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan.

SECTION 6: Supporting Documents

1. Please provide the following attachments with your *Trader Organic System Plan Annual Update*:
 - A Current List of products traded. Please note any deletions or additions since last application.
 - A Current Supplier List to include supplier names, Certification Body of the suppliers, organic programs/Equivalencies to which the organic products are certified/verified.
 - Copies of your suppliers' current organic certificate and product listing addendum

Applicant Initials: _____ Date: _____

SECTION 7: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products that I have processed have been processed according to organic standards or products not organic to the same programs. I understand that the operation may be subject to an unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert Bylaws and the certification standards and/or certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following: operation contact information, applicant contact information, legal status, ownership or control of the operation, or any change in the operation that may affect its compliance. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and fulfill duties and obligations to TCO Cert, as written in the Operator Licensing Agreement. I affirm that I understand the standards/regulations for the specific program(s) that I have requested and that the requested products were processed in accordance to these standards/regulations.

Signature of Operator: _____ Date (M/D/Y): _____

Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.

Applicant Initials: _____ Date: _____