



618 Main St • PO Box 3429 • Humboldt, SK • S0K 2A0  
Ph: (306) 800-5210 • Fax: (306) 800-5211  
E-mail: [info@tcocert.ca](mailto:info@tcocert.ca) • [www.tcocert.ca](http://www.tcocert.ca)

## Trader Organic System Plan Annual Update 2024

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

<b>Operator Name:</b>	<b>Operator Number:</b>
↑ <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>	
<b>Operation Name:</b>	
↑ <i>Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.</i>	
<b>Contact Person's Name:</b>	
<b>Check ALL the programs for which you are requesting certification and/or verification.</b> 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.	
<b>Certification/Verification Programs:</b> <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> Attestation of Compliance (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV	
<b>Equivalency Programs:</b> <input type="checkbox"/> CAN/US Equivalence Arrangement	
<b>**Requires submission of additional documents.</b> Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.	
1. Please list current organic certification by other agencies.	
2. Do you have access to a copy of the current standards ( <b>CAN/CGSB 32.310 and CAN/CGSB 32.311</b> ) 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. a. Have you reviewed your Trader Organic System Plan (TOSP). b. Is your contact information on your Trader Organic System Plan (TOSP) up-to-date and accurate? <u>If no</u> , please provide the updated phone number, email address, etc. here.  c. Have you made revisions to your Trader Organic System Plan (TOSP)? <u>If yes</u> , attach the revised pages with the date and your initials and explain the revisions made:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

<b>USER FEES</b> <b>Applicable to currently certified chapter members only:</b>
<ul style="list-style-type: none"><li>Your user fee will be based on the revenue from all organic products being sold.</li></ul>
<div><input type="checkbox"/> "Revenue Based User Fee Remittance" form attached</div> <div><input type="checkbox"/> I already submitted the form and paid for last year</div>
Please submit the "Revenue Based User-Fee Remittance" form as it applies to last year with this application and send payment in with your certification payment this year.

**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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Noncompliance; Opportunity for Improvement</b>	<b>Action Taken</b>
1.	
2.	
3.	
4.	
5.	

Add additional sheets if needed

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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

<p>1. Do you take ownership of the product(s) that you are trading?  <u>If no</u>, please explain:</p> <p><b>*Please note that if you do not own (buying and selling) the organic products that you are trading, you are eligible for “Attestation of Compliance” instead of “Certification” to the COR.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<p>2. a. Are the organic products being traded changed in any way (i.e., transformed, repackaged and/or relabeled), either by your own employees or by a contracted third party?</p> <p>b. Are there any changes to the form of the organic products that are purchased and sold (from bulk to tote bags, from tote bags to wholesale or retail bags, etc.), either by your own employees or by a contracted third party?</p> <p>Comments:</p> <p><b>*If you responded “Yes” to either of the questions above, please note that you need to apply to TCO Cert for <i>Certificate for PROCESSOR</i>, NOT for <i>TRADER</i>. Please complete and submit the TCO Cert “Processing Organic System Plan” AND the Processing Organic System Plan Annual Update”.</b></p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No  <input type="checkbox"/> Yes* <input type="checkbox"/> No
<p>3. Are any new organic products being traded since your last inspection?  <u>If yes</u>, please identify the new products below.</p> <p><b>Please have available current certificates and addendums, including proof of Canada/US Equivalency where applicable, for these products.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have the suppliers for your traded products changed since your last inspection?  <u>If yes</u>, please identify the new suppliers below and identify which suppliers are not being used this year.</p> <p><b>Please have available current certificates and addendums including proof of Canada/US Equivalency for your new suppliers.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Has your trading facility changed since your last inspection (i.e., new office, storage area added)?  <u>If yes</u>, please identify the changes below.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Has there been a change in the markets you are selling to?  <u>If yes</u>, please explain:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Does your operation contract any custom service provider(s) for Storage of the organic products being traded?</p> <p><u>If yes</u>,</p> <p>a. please list the names of the custom service provider(s):</p> <p>b. Please describe in detail the custom services these entities provide:</p> <p>c. Is the following documentation in place for the custom service provider(s):  <b>“Attestation of Compliance”?</b></p> <p>Is the documentation for the custom service provider(s) attached?</p> <p><b>*Please note:</b> If you are planning on using the custom services of a Contractual Service Provider which <b><u>does not hold an Attestation of Compliance</u></b>, the service provider's facility and activities need to be included in the annual inspection of your operation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No          <input type="checkbox"/> Yes <input type="checkbox"/> No*  <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: Organic Integrity

1. If Organic/Non-organic – same products traded: Have 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.
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## SECTION 6: Supporting Documents

1. Please provide the following attachments with your Trader <i>Organic System Plan Annual Update</i> : <ul style="list-style-type: none"><li>• A Current List of products traded. Please note any deletions or additions since last application.</li><li>• A Current Supplier List to include supplier names, Certification Body of the suppliers, organic programs/Equivalencies to which the organic products are certified/verified.</li><li>• Copies of your suppliers' current organic certificate and product listing addendum</li></ul>
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## 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): _____
<b>Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.</b>

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_