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Garden-Greenhouse Organic System Plan Annual Update 2025

Please complete this form in its entirety if you are a new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 11. 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."

☐ Check this box if you would like us to make information regarding your production available upon request only to potential recognized buyers. **IF YOU AGREE, TCO Cert will release your information exclusively for your business opportunity purposes.**

SECTION 1: Programs Requested

Operation Name:		Operator Number:	
↑ 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.			
Other Name(s):			
↑ 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.			
Contact Person's Name:			
Check ALL the programs for which you are requesting certification and/or verification. 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.			
Certification/Verification Programs: <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> In Conversion to COR <input type="checkbox"/> Bio-Suisse** <input type="checkbox"/> CARTV			
Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement			
**Requires submission of additional documents. 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 (CAN/CGSB-32.310 and CAN/CGSB 32.311), and 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 Farm Organic System Plan (FOSP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is your contact information on your Farm Organic System Plan (FOSP) up-to-date and accurate? If no, please provide the updated phone number, email address, etc. here.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

c. Have you made revisions to your Garden-Greenhouse Organic System Plan (GGOSP)? <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
3. Do you have access to a copy of the current standards (CAN/CGSB 32.310 and CAN/CGSB 32.311), and for all programs for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you understand the current organic standards for each program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you transform organic products that are either produced on farm or purchased in any way (other than just washing/cutting/bagging, etc.)? <u>If yes</u> , please complete and submit a <i>Processing Organic System Plan</i> and a <i>Processing Organic System Plan Annual Update</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement concerning your Garden-Greenhouse operation(s) from last year's certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement and describing the actions taken to address each one. Add rows if necessary.	
Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

Applicant Initials: _____ Date: _____

SECTION 3: Garden-Greenhouse Plan Management

At least 36 months of histories are required for all fields/gardens/greenhouses that were added to your operation since the last inspection and are or will eventually be requested for certification (including fields that are currently transitional).

Please Note:

- Field Management Summaries must include:
 - Plans for the current year
 - All fields/garden plots (including newly added fields/garden plots) whether they are organic (O), in transition (T), or conventional (C)
 - Field/Plot numbers and size of each field/plot (acres, hectares, row length, etc.)
 - Crops planted
 - **Any inputs (including manure) that were applied. You must include specific dates of application.**
 - Fallow acres/plots
- In addition, there must be an overview map that shows all fields and garden plots, and greenhouses in relation to one another, as well as maps of all fields/production areas which indicate directions, size and shape, buffer zones, and adjoining land use. The acres listed on the Field Management Summaries and maps must correspond.
- If the legal land description/address for each field/plot/farm is not located on the Field Management Summaries and/or field/plot maps or you are a new operator, please submit a List of Fields document that provides this information.
- **If greenhouses are used:** Attach maps that indicate the location of the greenhouses in relation to other buildings, fields/garden plots, and property boundaries. Only attach new or revised maps.

1. Status of operation:

- ☐ Organic only
☐ Split production (org/non-org/different crops)
☐ Parallel production (org/non-org/visually indistinguishable)

2. How long have you farmed your operation?

3. How long have you been certified?

4. Total number of owned acres?

5. Total number of rented acres?

6. Total number of acres rented out?

7. Total organic acres?

8. Total acres in transition?

9. Total conventional acres?

10. Total acres of non-agricultural/non-production land?

Please explain what this consists of (i.e., woodland, CRP, native grassland, marsh, etc.):

11. Have you managed all fields/garden areas requested for certification for 3 or more years?

If no, you must submit signed statements from the previous manager stating the use and all inputs applied for the previous three years on all newly rented or purchased fields. A completed and signed TCO Cert *Prior Land Use Affidavit (PLUA)* Form or equivalent documentation will address this.

☐ Yes ☐ No

12. NEW FIELDS/GARDEN AREAS ADDED AFTER LAST INSPECTION?

☐ Yes ☐ No

If yes,

- a. please state field/area numbers;
- b. please attach ***Prior Land Use Affidavit*** (see annotation above in question # 11) and detailed maps for the new fields.

PLUA Attached?
☐ Yes ☐ No

13. Have you taken any fields/Garden Plots/Greenhouses out of organic production since your last inspection?
If yes:

- Please list these Fields/ Garden Plots/Greenhouses (ID):
- Please state the reason for no longer managing these as organic:
- Are these fields still part of your operation (split production)?
If no, please explain:

☐ Yes ☐ No

☐ Yes ☐ No

14. Please describe your risk management plan to prevent GE contamination, such as physical barriers, border rows, delayed planting, testing of seeds, isolation distances, and equipment and storage sanitation protocols as now requested per par. 4.4.4 CAN/CGSB-32.310-2020.

Please complete the following table to indicate the specific crops and fields/plots/greenhouses that will be requested for certification. Add rows if necessary.

FIELDS/GARDENS/ GREENHOUSES/ CROPS REQUESTED FOR CERTIFICATION	FIELD/ GARDEN/ GREENHOUSE NUMBERS/IDENTIFICATION attach list if easier	TOTAL AREA PER CROP (acres, hectares, m ² /ft ² , row feet)	PROJECTED PRODUCTION AMOUNTS (volume including units of measure)

Applicant Initials: _____ Date: _____

SECTION 4: Production Plan Information

PRODUCTION PROFILE:	
1. Number of organic greenhouses?	<input type="checkbox"/> Not Applicable
2. Number of conventional greenhouses?	<input type="checkbox"/> Not Applicable
3. What precautions are taken to keep non-organic and organic products separate?	<input type="checkbox"/> Not Applicable
4. Is this an initial application for organic crops grown in greenhouses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is a permanent in-ground soil system in use in this/these greenhouse(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is a container system in use in this/these greenhouse(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all plots/greenhouses dedicated organic or currently being transitioned to organic production? <u>If no</u> , please describe your plan for converting all areas to organic production.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Lighting and Heating: Have you made any changes concerning the lighting and heating of the greenhouse(s) as per the information provided in your Garden/Greenhouse Organic System Plan (section 2, questions 4 & 5)? <u>If yes</u> , please describe changes in detail.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Applicant Initials: _____ Date: _____

SECTION 5 Seeds and Inputs

Standards require the use of organically grown seeds, and/or planting stock. Please note that seed treatments are considered inputs and must have been reviewed and approved by TCO Cert prior to use. Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for 12 months prior to harvest of crop or sale of the plant as certified organic planting stock. Contact TCO Cert if you need to use non-organic seedlings because of an emergency.

If using non-organic seed and/or planting stock, you must have records of your attempts to source organic seed and/or planting stock. **Please be aware that this includes seed for cover crops.**

If non-organic seedlings are used, you must maintain records to verify when the organic management of these seedlings began.

5A. Seeds, Seedlings, Perennial Stock, Seed Treatment

List **all** seeds, seedlings, perennial stock, and seed treatments used or planned for use in the current crop season. Mark with an X the appropriate boxes and provide other information as needed. Add rows if necessary. **Ensure that all seed and inoculant labels and receipts, documented seed searches, Untreated/Treated Seed Affidavits and Non-GE Affidavits (if applicable) for any conventional seed, seedlings, or planting stock used are either submitted to TCO Cert or available for the Verification Officer to review.**

☐ No seeds/seedlings/planting stock used

Seed/ Variety	Source/ Supplier	Organic	Untreated	Treated	Where planted? Field/Plot/Greenhouse Identification	Type/Brand of Treatment: Fungicide/Pesticide/ Inoculant

1. What type of documentation do you maintain for seed/seedlings used?

- | | | |
|--|--|--|
| <input type="checkbox"/> Copies of organic certificates and addendum | <input type="checkbox"/> Seed tags | <input type="checkbox"/> BOLs |
| <input type="checkbox"/> Bin records | <input type="checkbox"/> Non-GE affidavits | <input type="checkbox"/> Scale tickets |
| <input type="checkbox"/> Receipts | <input type="checkbox"/> GE test results | <input type="checkbox"/> Untreated/treated seed affidavits |
| <input type="checkbox"/> Seed search | <input type="checkbox"/> Invoices | <input type="checkbox"/> Other (specify): |
| | <input type="checkbox"/> Seed catalogues | |

Applicant Initials: _____ Date: _____

5B: Inputs/Soil/Manure/Compost/Mulch/Worm Castings

List all **soil fertility inputs, soil mix ingredients, foliar sprays, pest and disease control products, water additives, cleaners/sanitizers or other inputs** used or intended for use in your organic Garden/Greenhouse production. Add rows if necessary. All inputs used or intended for use during the current year and in the previous two years must be listed on your Field Management Summaries.

- **Please submit labels, list of ingredients/MSDS for each input prior to use for which you have not previously requested a review and received approval. This information needs to be submitted with this Organic System Plan Annual Update.**
- **Please note that a guaranteed analysis is not sufficient; ingredients must be listed.**
- **If inputs contain any biological ingredients available in GE varieties, Non-GE Affidavits must be submitted.**
- **If synthetic micronutrients are applied for soil fertilization, documented soil or plant deficiency or the need for a preventative application (by testing or visual symptoms) need to be in place for verification.**

If an input is wild sourced (e.g., seaweed), an affidavit must be submitted documenting the source and sustainability of the harvest of wild material.

INPUT PROFILE:

FULL PRODUCT NAME	SOURCE/SUPPLIER	LOCATIONS: PLOT/GREENHOUSE IDENTIFICATION	DATE OF USE (if applicable)	PURPOSE FOR USE (soil amendment, pest control, sanitation, etc.)	APPROVED BY TCO CERT (YES/NO)

1. As per par. 7.5.2.1 of CAN/CGSB 32.310-2020, growing medium for containerized, staked crops must contain a mineral fraction and an organic fraction. What percentage of the soil volume is compost (10% minimum is required) and minerals (2% minimum is required)?
 Percentage of minerals:
 Percentage of compost:

☐ Not Applicable

2. As per par. 7.5.2.3 & 7.5.2.4 of CAN/CGSB 32.310-2020, what is the soil volume for containerized plants?

☐ Not Applicable

3. Is compost used or planned for use?

If yes:

a. List all compost ingredients/additives:

b. Attach documentation to show that compost ingredients are in accordance with Table 4.2 of the CAN/CGSB-32.311-2020 Permitted Substances List

c. Attach documentation to show that the production of the compost meets the requirements as outlined in Table 4.2 of the CAN/CGSB 32.311-2020 Permitted Substances List

☐ Yes ☐ No

☐ Not Applicable

Applicant Initials: _____ Date: _____

4. If livestock manure is used, what was the source of the manure? <input type="checkbox"/> On-farm from organic livestock <input type="checkbox"/> Off-farm from organic livestock <input type="checkbox"/> On-farm from conventional livestock <input type="checkbox"/> Off-farm from conventional livestock	<input type="checkbox"/> Not Applicable
5. If manure from on-farm conventional livestock is used, please provide a full description of the living conditions of the livestock that produced that manure, in order that compliance with par. 5.5.1 CAN/CGSB-32.310-2020 can be determined.	<input type="checkbox"/> Not Applicable
6. a. If the manure is sourced from an off-farm non-organic source (e.g., manure from a neighbour), an affidavit needs to be submitted to TCO Cert documenting that the living conditions of the animals meet the requirements as outlined in par. 5.5.1 of the CAN/CGSB 32.310-2020. <div style="text-align: right;">Manure affidavit attached?</div> <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> b. Is a documented search in place for sourcing manure from organic or transitional livestock?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
7. If livestock is used as part of the cropping or pest control program, please provide a full description of the management plan to ensure that livestock is controlled and that manure or manure related contamination does not reach the portion of the crop intended for harvest, as per restrictions outlined in par. 5.5.2 of the CAN/CGSB 32.310-2020.	<input type="checkbox"/> Not Applicable

SECTION 6: Split and Parallel Production

6 A. SPLIT AND PARALLEL PRODUCTION: Please be aware that growing crops that are not visually distinguishable is not allowed under the COR standards. Please refer to the exceptions outlined in par. 5.1.4; 5.1.5 (a & b) of the CAN/CGSB 32.310-2020.						<input type="checkbox"/> Not Applicable
1. Do you grow the same crops (i.e., soybeans, corn, apples, etc.) organically and non-organically (in transition and/or conventionally)? <u>If yes</u> , list specific crop varieties in the following table for both organic and transitional/conventional crops and be sure to indicate if they are visually distinguishable. Add rows if necessary.						<input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIFIC NON-ORGANIC CROP VARIETY/ BRAND	MARK WITH AN "X" IF GE	FIELD/PLOT NUMBERS/ GREENHOUSE IDENTIFICATION	SIMILAR ORGANIC CROP VARIETY	VISUALLY DISTINGUISHABLE FROM CONVENTIONAL VARIETY (Y or N)	TOTAL AREA (acres, hectares, m ² /ft ² , row feet, etc.)	PLANNED USE OF CROP (sale, seed, non-organic livestock feed, etc.)
2. If the garden greenhouse enterprise is a split operation, please provide the transition plan to convert the entire enterprise to organic production.						<input type="checkbox"/> Not Applicable

Applicant Initials: _____ Date: _____

<p>3. If any crops are grown in parallel production will the organic and non-organic products be stored in complete separate locations/areas and/or units and be clearly identifiable as organic or non-organic?</p> <p><u>If no</u>, please describe how commingling will be avoided.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
6 B. CONVENTIONAL PRODUCTION	
<p>4. Do you use any prohibited soil amendments, herbicides and/or pesticides on your conventional fields/greenhouses?</p> <p><u>If yes</u>, please list the prohibited inputs that are being used.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Please describe where these inputs are stored and how it is ensured that organic products are not contaminated.</p>	
<p>6. Do you grow GE crops and/or use GE technology in the conventional portions of your operation?</p> <p><u>If yes</u>, please describe where the GEs are used in the operation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: Handling of Harvested Products

HANDLING/PACKAGING PROFILE:	
<p>1. Please describe your procedure for preparing your harvested products for sale.</p>	
<p>2. If the products are washed are any cleansers or sanitizers used?</p> <p><u>If yes</u>, please list products in section 5B, Inputs, of this Garden-Greenhouse Organic System Plan Annual Update.</p> <p>b. Is the cleaning documented?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Do you bag/package your harvested products?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Applicant Initials: _____ Date: _____

If yes,

a. list materials being used:

b. Is documentation maintained to verify the food grade status of the packaging materials?

☐ Yes

☐ No

SECTION 8: Summary of Organic Crop Inventory and Disposition Since Previous Inspection Affidavit

1. Is your information in the "Product Storage" section of your *Garden/Greenhouse Organic System Plan (GGOSP)*, Section 5D, up to date?

☐ Yes

☐ No

If no, please update and submit Section 5D and your storage map with this completed Garden/Greenhouse Organic System Plan Annual Update.

The following information is from _____ (date: M/D/Y) to _____ (date: M/D/Y).
This information should be from your last inspection until the date that this form is completed.

Please include all crops and inventory that were listed on last year's *Inspection Affidavit (IA)*. Add rows if necessary.

8 A. This information should cover the crops GROWN and HARVESTED LAST YEAR as listed on the BOTTOM PORTION of last year's Inspection Affidavit (IA).

Last Year's Crops/Products	Number of (acres, hectares, m ² /ft ² , row feet)	Actual Amount Produced	Date of Harvest	Amount Disposed	Quantity in Inventory	Storage Location ID Number

8 B. This information should cover all crops/products in inventory (organic and conventional) FROM the TOP PORTION of last year's Inspection Affidavit (IA).

Crop/Product	Year(s) Produced	Amount Disposed Since Last Inspection	Quantity Still in Inventory	Storage Location ID Number	State: Organic/Transitional or Conventional

Applicant Initials: _____ Date: _____

SECTION 9: Maintaining Organic Integrity

Section 3: Maintaining Organic Integrity	
<p>1. Is equipment used only for organic crops (not in buffers or on conventional/transitional fields nor handling non-organic seed)?</p> <p>If <u>no</u>, is equipment used for handling of (check all that apply):</p> <p><input type="checkbox"/> Conventional crops</p> <p><input type="checkbox"/> Transitional crops</p> <p><input type="checkbox"/> Buffer crops</p> <p><input type="checkbox"/> Non-organic seed</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is any custom equipment used/hired (planting, harvesting, etc.)?</p> <p>If <u>yes</u>, please list custom equipment/services.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. a. Please describe how equipment (including any custom equipment) is cleaned.</p> <p>b. Is cleaning documented?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Have you submitted a sample copy of your Bill of Lading (BOL)/Invoice that accompanies organic products in transport?</p> <p>If no, please submit a sample BOL/Invoice with this completed Garden/Greenhouse Organic System Plan Annual Update (GGOSPAU)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Do you use any off-farm storage units?</p> <p>If yes, please submit an Off-Farm Storage Affidavit and have available at inspection. Inspection of the off-farm storage units need to be included in the annual inspection of your operation.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you using or planning to use the services of a custom service provider for storage or handling?</p> <p>a. Please specify the name of the Custom Service Provider:</p> <p>b. Please check off the services provided:</p> <p><input type="checkbox"/> Storage</p> <p><input type="checkbox"/> Handling, please describe:</p> <p><input type="checkbox"/> Other</p> <p>c. Does the Custom Service Provider maintain Attestation of Compliance to the COR documentation?</p> <p>If yes, please attach the current Attestation and Addendum document for the custom service provider or have documents on hand at time of inspection.</p> <p>If no, please note:</p> <p>If the custom services of a contractual service provider (storing, handling, etc.) which <i>does not hold an Attestation of Compliance</i> the service provider's facility and activities need to be included in the annual inspection of your operation.</p> <p>d. Do you use a custom service provider for packaging and/or labeling your organic products?</p> <p>If yes, please note:</p> <p>Any Contractual Service Provider carrying out <u>Packaging and/or Labelling custom service activities</u>, for organic products must hold an <i>Organic Certificate for Packaging and Labelling</i>. Please attach current <i>Packaging and Labelling Certificate</i> and <i>addendum</i> or have documents on hand at time of inspection.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

SECTION 10: Transportation/Labelling

TRANSPORT/LABELLING PROFILE:	
1. Who is responsible for transportation of organic products? <input type="checkbox"/> Self <input type="checkbox"/> Buyer <input type="checkbox"/> Other(specify):	
2. Describe how organic products are transported.	
3. What measures are taken to prevent contamination and commingling of organic products with non-organic products during transportation (e.g., seals used, transportation dedicated organic, etc.)?	
3. What document accompanies the organic product in transport? <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Invoice <input type="checkbox"/> Other(specify):	
<u>PLEASE SUBMIT SAMPLES OF BILLS OF LADING OR INVOICES OR OTHER DOCUMENTS USED.</u>	
4. Where do you sell product? <input type="checkbox"/> Within Province <input type="checkbox"/> Outside Province <input type="checkbox"/> Outside Canada	
5. How do you sell products? <input type="checkbox"/> Farm gate <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail	
6. Do you apply labels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANY LABELS OR CHANGES TO LABELS MUST BE REVIEWED AND APPROVED BY TCO Cert BEFORE USING. PLEASE NOTE THAT LABELS REQUESTED FOR REVIEW MUST BE ACCOMPANIED BY A COMPLETED TCO CERT "LABEL APPROVAL REQUEST" FORM.	

Applicant Initials: _____ Date: _____

SECTION 11: Affirmation

I affirm that all statements made in this application are true, correct, and complete. No prohibited products have been applied to any of my organically managed fields/gardens/greenhouses during the three-year period prior to projected harvest. I understand that the operation may be subject to 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 policies 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: farm contact information, applicant contact information, legal status, ownership or control of the operation. I agree to maintain for at least five years all records related to my organic operation. 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 grown 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.

Submit completed form, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

I have attached the following required documents (with name on each page):

- ☐ *Completed, signed, and dated Operator Licensing Agreement
- ☐ Documents from previous certifier (if other than TCO Cert) or dual certification application (if applicable)
- ☐ *Maps of all Garden Plots/Fields/Greenhouses, organic and non-organic (showing field identification, organic status, buffers, and adjoining land use)
- ☐ *Overview map showing all fields/garden plots/greenhouses of the holding/enterprise in relation to one another
- ☐ Field Management Summary Form – organic, non-organic, and in conversion
- ☐ *Documentation for Fields/Garden Plots/Greenhouses owned/rented for less than three years (*applicable when producer(s) has not been in control/managing the land requested for certification for at least the last 36 months prior to certification application)
- ☐ *Formal conversion or transition plan
- ☐ Documentation of soil deficiencies (if applying micronutrients)
- ☐ Input product labels and/or list of ingredients, including seed information/non-GE affidavits (required for all off-farm inputs)
- ☐ Seed Search document for non-organic seeds/perennial planting stock
- ☐ Seed and seed inoculants information/non-GE affidavits
- ☐ Food Grade documentation for all packaging materials
- ☐ Labels/sales documentation for farm products to be sold as organic (bulk or retail)
- ☐ *Sample of the record-keeping documents
- ☐ Off-farm storage affidavit

***Note: Documents need to be submitted only for new applicants or for changes in the operation.**

Applicant Initials: _____ Date: _____