



## Packaging and Labelling Organic System Plan Annual Update New Applicant 2026

*Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 4. 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."*

### SECTION 1: Programs Requested

<b>Operation 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>Other Name(s):</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 Verification Officer 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"/> Bio Suisse** <input type="checkbox"/> CARTV	<b>Equivalency Programs:</b> <input type="checkbox"/> CAN/US Equivalence Arrangement
<b>**Requires submission of additional documents.</b> <i>Please contact your TCO Cert certification coordinator for the appropriate forms.</i>	
1. Do you have a copy of the current standards ( <b>CAN/CGSB-32.310 and CAN/CGSB-32.311</b> ), for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you understand the current organic standards for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>USER FEES</b> <b>Applicable to currently certified <u>chapter members only</u>:</b>	
<ul style="list-style-type: none"> <li>Your user fee should be based upon the revenue you collected for the organic related services you rendered, e.g., fees that you charged for packaging and/or labelling an organic product.</li> </ul>	
<input type="checkbox"/> "Revenue Based User Fee Remittance" form attached <input type="checkbox"/> I already submitted the form and paid for last year	
<b>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.</b>	

## 2: Operation/Procedure/Product

<p>1. At any point does your operation take ownership of organic product to be repackaged and labelled? <span style="float: right;"><input type="checkbox"/> Yes*   <input type="checkbox"/> No</span></p> <p><b>* If yes, please note that you need to apply to TCO Cert for <i>PROCESSOR</i> certification.</b></p> <p><b>* Please complete and submit the TCO Cert "<i>Processor Organic System Plan Annual Update – New Applicant</i>".</b></p> <p>Comments:</p>	
<p><b>2.a Please submit a list of clients and-products for whom you are providing Packaging and/or Labelling.</b></p> <p><b>2.b Please submit a copy of the organic certificate and addendum for each customer and a copy of the label and Label Approval Letter for each product, issued by the Certification Body certifying the organic product.</b></p>	

## SECTION 3: Additional Comments

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

## SECTION 4: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products for which I have performed Packaging & Labelling have been handled according to the certification standards. I understand that the operation may be subject to an unannounced inspection 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 Packaging and Labelling activities of organic products are performed in accordance with 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.**

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

- Product flow chart, please include Organic Control Points (OCP) where applicable
- Facility map (you may want to attach pictures too)
- Pest management map (if applicable)
- Current Product List.
- Supplier List. This list must include a list of all supplier names, Certification Body of the suppliers, organic programs to which the products are certified.
- Copies of your suppliers' current organic certificate, product listing addendum and Can/US Organic Equivalency Affidavit, if applicable
- Copies of Product labels and label approval letters
- Other (specify):