



Trader Organic System Plan Annual Update – Renewing Applicant

2026

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:
↑ 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.	
Operation Name:	
↑ 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 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.	
Certification/Verification Programs: <input type="checkbox"/> Canada Organic Regime (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.. Do you have access to a copy of the current standards (CAN/CGSB 32.310 and CAN/CGSB 32.311) for all programs for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.. Do you understand the current organic standards for each program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.. 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? If no, please provide the updated phone number, email address, etc. here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you made revisions to your Trader Organic System Plan (TOSP)? If yes, attach the revised pages with the date and your initials	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

USER FEES

Applicable to currently certified chapter members only:

- Your user fee will be based on the revenue from all organic products being sold.

- "Revenue Based User Fee Remittance" form attached
 I already submitted the form and paid for last year

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
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Noncompliance; Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

Add/delete rows if needed

Applicant Initials: _____ Date: _____

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

<p>1. Do you continue to take ownership of the product(s) that you are trading? <u>If no</u>, please explain:</p> <p>*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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<p>2. Are any new organic products being traded since your last inspection? <u>If yes</u>, please identify the new products below.</p> <p>Please have available current certificates and addendums, including proof of Canada/US Equivalency where applicable, for these products.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. 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>Please have available current certificates and addendums including proof of Canada/US Equivalency for your new suppliers.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. 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>5. 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>6. Does your operation contract any Custom Service Provider(s) for Storage/Grain Cleaning of the organic products being traded? <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): “Attestation of Compliance”? Is the documentation for the custom service provider(s) attached?</p> <p>*If No, please note: <u>If the custom storage service provider does not have an Attestation of Compliance document in place, the custom storage facility and activities need to be included in the annual inspection of your operation.</u></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

<p>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.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>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:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>3. Has the method of transporting organic product(s) changed since your last inspection? <u>If yes</u>, please identify the changes:</p>	<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.

Applicant Initials: _____ Date: _____

SECTION 6: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products that I have traded have been traded according to the certification standards. 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 traded 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):

- *Storage Facility map, if applicable
- *Pest management map of traps, if applicable
- List of organic products traded. Please note any deletions or additions since last application
- List of suppliers
- Certificates and Product Addendum for organic products traded
- Labels/Tags applied
- Other (specify):

***Note: Documents need to be submitted only for changes.**

Applicant Initials: _____ Date: _____