**Please fill out completely – this application serves as a basis   
for the calculation of your offer – it is NOT A CONTRACT**

###### Company Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Address of the Company 🡆 certificate holder**  **Address where Kiwa BCS will send the Certificate** | | **Address of the production site**  **🡆 if not the same as certificate holder**  **Address where Kiwa BCS will send the Certificate** | |
| Company Name: |  | Company Name: |  |
| P.O.Box / Street: |  | P.O. Box / Street: |  |
| Zip Code / Town: |  | Zip Code / Town: |  |
| Province / State: |  | Province / State: |  |
| Country: |  | Country: |  |
| **Geographical Reference**  e.g. 49°27'30.86"N  11°5'41.20"E |  | **Geographical Reference**  e.g. 49°27'30.86"N  11°5'41.20"E |  |
|  |  |
| VAT Reg. No. Only EU-clients |  |  |  |
| **Contact data of owner** | | **Contact data of responsible person 🡆 if not the owner** | |
| Name: |  | Name: |  |
| Phone: |  | Phone: |  |
| Mobile: |  | Mobile: |  |
| Fax: |  | Fax: |  |
| E-mail: |  | E-mail: |  |
| **Address of the post-harvest / processing site  🡆 if different from certificate holder or production site** | | **Address of a second production or post-harvest / processing site 🡆 if relevant** | |
| Company Name: |  | Company Name: |  |
| P.O. Box / Street: |  | P.O. Box / Street: |  |
| Zip Code / Town: |  | Zip Code / Town: |  |
| Province / State: |  | Province / State: |  |
| Country: |  | Country: |  |
| **Geographical Reference**  e.g. 49°27'30.86"N  11°5'41.20"E |  | **Geographical Reference**  e.g. 49°27'30.86"N  11°5'41.20"E |  |
|  |  |
| **Contact data of responsible person 🡆 if not the owner** | | **Contact data of responsible person 🡆 if not the owner** | |
| Name: |  | Name: |  |
| Phone: |  | Phone: |  |
| Mobile: |  | Mobile: |  |
| Fax: |  | Fax: |  |
| E-mail: |  | E-mail: |  |
| **Note: If applicant is not legal owner of all facilities/sites (⇒ sub-units), please fill in Annex “List of sub-units and structogram”.**  **In case of NOP certification handling and export facilities may be exempt or excluded.**  **IMPORTANT: Marketing, sale and/or export of the organic products can be conducted by the certificate holder exclusively!** | | | |

|  |  |
| --- | --- |
| Please indicate the used/spoken languages on all levels: managers (if relevant), responsible persons such as employees/ workers, or farmers, beekeepers, etc. (in case of a group) |  |

###### Company Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EU 1)**  (EU-Market) |  | **NOP** (US-Market) |  | **JAS**  (Japanese Market) |  | **GLOBALG.A.P.** |  |
| **UTZ Certified** |  | **Fair TSA** |  | **Bio Suisse2)** |  | **Naturland3)** |  |
| Other national or private standard(s): | |  | | | | | |

**1**) As for EU-certification outside of the European Union (Third Countries) the Kiwa BCS Organic Production Standard applies as legal basis which is equivalent to regulations (EC) 834/2007 and 889/2008.

**2**) Kiwa BCS will carry out the Bio Suisse inspection – which is covered by our offer. The certification will be done by International Certification Bio Suisse AG (ICB). In most cases, you will need an agreement with a Bio Suisse-certified Suisse business partner.

**3**) For Naturland certification, please kindly also contact Naturland ([naturland@naturland.de](mailto:naturland@naturland.de)) asap. Kiwa BCS will carry out the Naturland inspection – covered by our offer. The Naturland certification will be done by Naturland e.V./Germany.

###### Scopes of Activities to be certifiedompany Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Agriculture Individual / Farmer |  | Post-harvest Handling |  | Processing |  | Export |  |
| Agriculture / Group with ICS **4)** |  | Feeds (JAS) |  | Wild Collection |  | Storage |  |
| Animal husbandry |  | Beekeeping |  | Aquaculture |  | Re-Packing (JAS) |  |

**4**) ICS = Internal Control System  a documented internal quality system that includes a contractual arrangement with each group member. Qualified internal inspectors are to be nominated to conduct annually inspections of every group member.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you produce conventional **and** organic products? | | **Yes** | Are conventional and organic products in the same facility – or in different facilities? | | **Yes** |
| **No** | **No** |
| If YES: On which level?  (e.g. processing only) |  | | Which products, crops or species are affected? |  | |

###### Agriculture Not relevant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of sites: |  | Total size of production area (including conventional area): |  | ha |
| Do you apply for retrospective approval of the conversion period? | **Yes** | Total organic production area: |  | ha |
| **No** |
| If YES: Please indicate whether the affected areas are cultivated – and whether they were regularly inspected as part of a program to reduce farming intensity: |  | | | |

###### Producer Group – Farmer, Beekeeper, etc Not relevant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of group members: |  | Range of farm sizes (from … to …): |  | ha |
| Is the group legally organized, e.g. Cooperative,etc.? | **Yes** | What is the average farm size? |  | ha |
| **No** | How many members have more farmland than the average? |  | |
| Is an Internal Control System (ICS) already implemented? | **Yes** | Total number of sites / facilities, incl. post-harvest handling and storage units, etc. |  | |
| **No** |

###### Wild Crops Collection including wild algae Not relevant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of the collection areas: |  | The respective size(s) of the collection areas: |  | ha |
| Total number of take over points / collection points: |  | Total number of post-harvest handling and storage facilities: |  | |
| In case of collection of seaweed/ wild algae: Is the growing area of high ecological quality? | **Yes** | If YES:  Which ecological standard is met? |  | |
| **No** |

###### Beekeeping Not relevant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total number of bee hives - including conventional: |  | Total number of organic bee hives: |  | |
| Total number of locations of the bee hives: |  | Total of distances between the locations: |  | km |

###### Aquaculture 🡆 for collection of wild algae see 3.3 Not relevant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Which kind of species? |  | | Total size of production area (including conventional area): |  | ha |
| No. of ponds/pools: |  | | Total organic  production area: |  | ha |
| In case of seaweed / algae: Used inputs/fertilizers? |  | | In case of animals: Status (organic, etc.) of the used feeds? |  | |
| Which kind of animal reproduction are used? |  | | If juveniles are purchased: Which status do they have (organic …)? |  | |
| Do you have a Sustainable Management Plan **5)**? | **Yes** | If annual production is more than 20 t:  Have you prepared an Environmental Impact Assessment **6)**? | | **Yes** | |
| **No** | **No** | |

**5)** Sustainable Management Plan (SMP) 🡆 The SMP lists the details of the environmental effects of the operation, the environmental monitoring to be undertaken, and measures to be taken to minimize negative impacts on the surrounding aquatic and terrestrial environments, including nutrient discharge per production cycle or per year.

**6)** Environmental Impact Assessment (EnvImpAs) 🡆 The assessment should ascertain the conditions of the production unit and its immediate environment and likely effects of its operation.

###### Livestock Not relevant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Which kind of animals? |  | | | Number of the different kinds of animals? |  | |
| Total size of production area (including conventional area): | |  | ha | Total organic production area: |  | ha |
| Total size of stable area(s): | |  | m2 | Total size of free-range area(s): |  | m2 |

###### Processing Not relevant

|  |  |  |  |
| --- | --- | --- | --- |
| Which kind of products? |  | Number of locations (sub-units, storage facilities, etc.): |  |
| Which ingredients / processing aids are used? |  | Are conventional products stored in the organic facilities? | **Yes** |
| **No** |
| **In case of FairTSA only** –  Total number of employees? |  |  |  |

###### History of certification

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Will this be the first organic inspection? | **Yes** | | If certified before: Since when? | | Month | Year | |
| **No** | |  |  | |
| Previously certified organic by |  | | | | | | |
| According to which (organic) standard(s)? |  | | | | | | |
| Outcome of certification, including – if appropriate – copies of any notifications of non-compliance or denial of certification: | | | |  | | | |
| **If certified before: Please provide a description and evidence (**🡆 **copies of letters from the ertification**  **body, etc.) of all corrective measures implemented.** | | | | | | | |
| **Internal Double Certification:**  Your production unit or part of it is currently certified within another project different from the currently applied one in Kiwa BCS, or are you planning to do so? | | | | | **Yes** | | **No** |
| Internal Double Certification: If applicable  Who is the certificate holder? - What is the validity of the certificate? - Which standard (organic)? - If applicable, what part of another group or project? | |  | | | | | |
| **External Double Certification:**  Are you currently certified by a certification body other than Kiwa BCS - or are you planning to do so? | | | | | **Yes** | | **No** |
| External Double Certification: If applicable:  Which certification body? - Which (organic) standard? – What is the validity of the certificate? – If applicable: what part of another group or project? | |  | | | | | |

###### Documentation, (🡆 JAS) Quality Management & Qualification of Responsible Personnel

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a detailed and up-to-date documentation system (e.g. field registers, processing records, etc.)? | | **Yes** | **No** |
| Do you keep purchase (e.g. agricultural inputs, raw materials for processing, etc.) and sales/export receipts on file? | | **Yes** | **No** |
| Do you have written Quality Management Standards or a Quality Management Handbook (QMH)? | | **Yes** | **No** |
| Do you have written regulations concerning the handling of irregularities (e.g. contamination of organic products), recall actions and complaints? | | **Yes** | **No** |
| Qualification and professional experience (in years) of the **production manager** (e.g. farmer or responsible person for processing, etc.): |  | | |
| Qualification and professional experience (in years) of the **quality manager** – if applicable: |  | | |
| Have the production manager and other responsible persons (e.g. for quality control) participated in an organic JAS training - conducted by a JAS accredited certification body - before? | | **Yes** | **No** |
| If YES: Do the participants have a written evidence of this JAS training? | | **Yes** | **No** |

###### Products to be certified\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | | **Hectare  (ha)** | **Expected amounts in tons (t)** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

**\*)** in case of more than 10 products please attach a complete product list.

###### Location(s) of the facility(ies)

|  |  |
| --- | --- |
| Next (inter-)national airport / railway station: |  |
| Estimated distances and travel times between airport / railway station and main project (in **km** and **hours**): |  |
| Accessibility, distances and travel times between all included/involved facilities or sub-units: |  |

I, the applicant for the above-mentioned facility(ies),

* declare to be legally entitled to request for an organic certification of products according to the scope of certification as indicated in item 2. of this application.
* confirm that all above mentioned information fully and accurately represents the operation.
* understand and accept that my above stated information will be treated confidentially by Kiwa BCS.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place / Date |  | Signature of Owner / Responsible Person |

**The part below is for Kiwa BCS internal use only!**

Based on the information provided by the data of the application, the operations´ complexity is estimated to be

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Regular** |  | **Large** |  | **Complex** |

Based on the information provided by the application the estimated inspection time is estimated to be:

|  |  |
| --- | --- |
|  | Hours for preparation of the inspection |
|  | Hours for onsite inspection |
|  | Hours for finalization of inspection/assessment report |
|  | Hours for follow up – if applicable |
|  | **Hours total as detailed above** |

**The above determined parameters serve as a first appreciation for further planning and will be aligned during the review and certification process, based on the results of the onsite inspection.**

Application reviewed - the application of the operator/project is approved:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** |  | **No** |
|  | **Yes – under certain conditions**  Please specify | | |  |

Nuremberg, 05.07.2023

|  |  |  |
| --- | --- | --- |
| Name |  | Signature Reviewer/Certifier |