|  |
| --- |
| If you plan to request for retrospective recognition or shortening of the conversion period, please submit this application to Kiwa BCS **before** any tillage, sowing, pruning or other work is done on the plots concerned. Starting to work on the plots without an affirmative decision from Kiwa-BCS will result in non-recognition.You will receive a written response to your request within 5 working days.  |

|  |  |
| --- | --- |
| **Applying Operator (certificate holder)** | **Address of production site (if not the company)** |
| Company Name: |  | Company Name:  |  |
| Client Number: |  |  |  |
| Website |  |  |  |
| P.O. Box / Street: |  | P.O. Box / Street: |  |
| Zip Code / Town: |  | Zip Code / Town: |  |
| Province / State: |  | Province / State: |  |
| Country: |  | Country:  |  |
| **Contact data of responsible person for questions** |
| Name: |  |  |  |
| Phone: |  |  |  |
| Mobile: |  |  |  |
| E-mail: |  |  |  |

* Approval to this application refers to the designated plots only, as noted in the table on the following page.
* As for all farm inputs, all related receipts and invoices must be kept available at any time.
* Retrospective approval/shortening of conversionis an exception in the certification process. Therefore, Kiwa BCS will charge an additional fee for this application, whether the application is approved or not.

**I, the applicant for retrospective approval/shortening of conversion of plots on the following pages confirm that**

* the provided information on this and the next page fully and accurately represents the operation and the listed plots.
* have fully understood all information provided by Kiwa and agree to the conditions.
* will inform Kiwa BCS immediately about any changes of the information provided.

**Place & date Signature**

1. **Specific information regarding previous management of new areas**

# Explanatory Statement

Please give reasons for requesting retroactive recognition for the plots listed in List 1

**Has the land ever been certified organic before?** **If yes**:

|  |  |  |  |
| --- | --- | --- | --- |
| Which certification body (Add copy of certificate) | From when to when | To which standard | equivalent to the EU organic/NOP/JAS |
|  |  |  |  |

What was the reason for stopping the previous certification?

**Has the land ever been certified organic before? If no:**

* have the organic production rules according to the EU organic standard/NOP/JAS been applied? Self-assessment.
* How were weeds, pests and diseases managed during the last 3 years?
* Do you have adequate knowledge of the principles of organic farming: Please explain on which indications or facts your self-assessment is based.

# Field history of previous 3 years

[ ]  Plots have been under the management of the applicant

[ ]  Plots have **not** been under the management of the applicant

 Name(s) and address of former responsible(s) of the land:

|  |  |
| --- | --- |
| **Name** |       |
| **Address** |       |
| **Country** |       |
| **Phone/E-mail** |       |

# List 1: Details of plots for which retrospective acceptance of conversion period is sought. Please list history of last three full years

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Plot No. and / or name | Area [ha] | Crop | Name/variety of all used seeds or planting material | Source/Manufacturer | Name of all used inputs | Source/Manufacturer | *Decision: To be filled in by certifier**Status/date* |
| This year:20      |       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
| Last year:20      |       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
| Two years ago:20      |       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
| Three years ago:20      |       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
|       |       |       |       |       |       |  |       |
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|       |       |       |       |       |       |  |       |

**Note:** If there is not enough space, please use an additional sheet for listing all plots.

**3. Annexes
🡆 All documents must be sent to Kiwa BCS Germany together with this application**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | **Type of document** | **Obligatory** | **Your Comment** |
| 1 | Google map of plot/area | **yes** |  |
| 2 | Pictures of the related plots, with date of picture. (not older that two months) | **Yes** |  |
| 3 | Seeds\_Confirmation \_non\_treatment | **Yes** |  |
| 4 | Kiwa-BCS Vendor Declaration | **Yes** |  |
| 5 | Organic certificate of used inputs (if available) | **Yes** |  |
| 6 | Certificate of former certifications | **Yes** |  |
| 7 | **Evidence regarding the previous land use** proving the previous agricultural management such as invoices or delivery notes with regards to seeds and propagation materials, purchase of farming inputs, invoices of sales of crops, etc. Any record (including invoices) issued by a third party must be accompanied with the contact details of the person signing or confirming the document. Contact details must include at the least address and telephone number. | **Yes** |  |
| 8 | *If applicable:* Evidence regarding regular visits/inspections | **if applicable** | NR **[]** YES **[] No.:**  |
| 9 | *If applicable:* Sampling report andPesticide analysis reports from accredited laboratories (please describe sampling place and method. | **if applicable** | NR **[]** YES **[] No.:**  |
| 10 | Other documents**:** | if required | NR **[]** YES **[] No.:**  |
| Comment:  |

\*) Please fill in: NR = not relevant; YES = if the document is attached; Number of annex = e.g. “**1**”

**Please note:**

* Complete retroactive recognition may only be granted when the plots have been inspected by Kiwa-BCS inspectors before any work on the land.
* In a special case where there is sufficient evidence that no products not authorised for organic production have been used for one year, while the evidence for the time prior to this is not sufficient, then the conversion period can be reduced by one year.

The completed and signed form with annexes has to be sent to your nearest Kiwa-BCS office or via mail to:
bcs.info@kiwa.de