



<b>APPLICATION FORM FOR ORGANIC CERTIFICATION</b>		<b>Doc No. : F-3.1.2</b>
<b>Rev. No. : 00</b>	<b>Rev. Date : 07/10/2015</b>	<b>Page 1 of 2</b>

In order to help to estimate the cost of inspection and certification, please supply the following information, by indicating as many details as possible and omitting items that do not apply.

<b>1</b>	<b>Company Name</b>			
	<b>Legal Status of the Company</b>	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit organization <input type="checkbox"/> others Mention:		
<b>2</b>	<b>Responsible Person:</b>			
<b>3</b>	<b>Address</b>	<b>Street and No:</b>	<b>P.O. Box:</b>	
	Postal Code:		City/Country	
	Phone:	Fax:	Email:	
<b>4</b>	<b>Type of Operation to be Certified:</b> Farm (Crop Production) <input type="checkbox"/> Farmers Group <input type="checkbox"/> Wild Collection <input type="checkbox"/> Beekeeping <input type="checkbox"/> Group of Beekeepers <input type="checkbox"/> Animal Husbandry <input type="checkbox"/> Food Processing <input type="checkbox"/> Export <input type="checkbox"/>			
<b>4.1</b>	<b>Crop Production:</b> Farm Location:          Number of farms:          Total hectares:          Distance from farm(s) to address given under (3) above:          km Farmers Group Name and Address: Total No. of Farmers: Total Area to be certified			
	Crop	Hectares	Approx. quantity harvested per year	
<b>4.2</b>	<b>Animal Husbandry:</b> Farm location:          No. of farmers          Kind of animals:          No. of animals: Approximate yearly production:          No. of processing units (incl. packaging activities, etc.):          Distance from farm(s) to address given under (3) above:          km			
<b>4.3</b>	<b>Wild Collection:</b> Collection site:          Total approximate collection area (km <sup>2</sup> ):          No. of collectors:          No. of local wholesalers:          No. of processing units (e.g. freezing, drying):          Distance from collection area to address given under (3) above:          km			
	Wild species collected (please attach a list, if not enough space)		Approx. quantity harvested /year	
<b>4.4</b>	<b>Beekeeping:</b> Location of hives:          Total No. of beekeepers:          No. of apiaries:          No. of colonies: Approximate total production/year:          No. of processing units (including packaging activities, etc.):          Distance from apiaries to address given under (3) above:          km			
<b>4.5</b>	<b>Food Processing:</b> Number of units:          Distance from processing unit(s) to address given under (3) above:          km <b>Type of processing:</b>			
	Raw material	Final Product	Annual capacity for organic	
<b>4.6</b>	<b>Export:</b> Export office is same address as under (3): <input type="checkbox"/> Other address: <input type="checkbox"/> Exporter stores, packs or labels products: <input type="checkbox"/> Exporter only handles paperwork: <input type="checkbox"/>			
<b>5</b>	Standard(s) for which you wish to become certified: <input type="checkbox"/> NPOP, Government of India: <a href="http://www.apeda.gov.in/organic">http://www.apeda.gov.in/organic</a> <input type="checkbox"/> NOP Final Rule, for the organic US-market: <a href="http://www.ams.usda.gov/nop/NOP/standards.html">http://www.ams.usda.gov/nop/NOP/standards.html</a> <input type="checkbox"/> COS, for the Canada Market: <a href="http://www.inspection.gc.ca">http://www.inspection.gc.ca</a> <input type="checkbox"/> Aditi Private Std: <a href="http://www.aditicert.net">http://www.aditicert.net</a>			
<b>6</b>	Do you have a copy of the standard(s) according to which you request certification? Hardcopy: <input type="checkbox"/> Access through internet: <input type="checkbox"/> No copy: <input type="checkbox"/>			
<b>7</b>	Have the <b>above mentioned units/products</b> ever been inspected and/or certified before? If so, Please enclose all information regarding the inspection(s) and/or certification(s), including reports of findings etc. What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above?			

Date:

Signature and Company stamp:



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**This part has to be filled in by ADITI! Examination of the application**

<b>1</b>	The certification requirements have been defined clearly: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2</b>	Any differences between applicant and ADITI about cert. procedure have been cleared: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3</b>	ADITI is able to perform the cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>4</b>	Comments:

Date:

Signature: