2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 1

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| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

1. GENERAL INFORMATION: NOP 205.201; 205.401

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you subcontract any of the following out to other operations? No Yes: | | | | |
| Processing | Packing | Storage | Transportation | Distribution |

| **Subcontractor name** | **Address** | **Phone number** | **Organic certification body (if applicable)** |
| --- | --- | --- | --- |
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|  |  |  |  |

*Attach additional sheets as necessary*

Is exposed, unpackaged, bulk, or loose organic product handled by these subcontractors?

No  Yes*:*

*If yes, please describe how you prevent contamination/commingling:*

Products requested for certification:

| **Product Name** | **100% Organic, Organic, or Made with Organic** | **Product Formulation Submitted?** | **Label Submitted?** | **Projected Production Amount** |
| --- | --- | --- | --- | --- |
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*Attach additional sheets as necessary*

| How are products marketed? | | | |
| --- | --- | --- | --- |
| Direct Sales | Wholesales | Broker | Merchant |
| Contract Manufacturing | Other: | | |

Do you produce both organic and conventional product? No Yes

*If yes, which products?*

*If yes, please describe how you prevent contamination/commingling of organic product:*

Do you do private labeling for other organic operations?

No Yes*. If yes, please fill out the following table*

| **Company Name** | **Product Name**  **(as it appears on label)** | **Is the company certified organic?** | **Certification agency listed on label** |
| --- | --- | --- | --- |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |

*Attach additional sheets as necessary*

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |