2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 1

|  |
| --- |
| **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.*** |