***Organic Plan*: Mushrooms**

This form is to be used for applications for certification of organic mushroom production. If mushrooms are grown in conjunction with other organic crops or livestock, other Organic Plans must be requested from the PACS office.

**Form instructions: This form can be completed on a computer,** (save the form onto your hard drive before filling it in; to fill in, place cursor in grey boxes) **or printed and completed with a black ink pen**. Do *not* use pencil. **If you run out of room, attach another file or sheet of paper**. Keep a copy of this form for your records.

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| Enterprise Name: | PACS Client Number: | | Date (dd/mm/yyyy) |
| Mailing address, including municipality:    Phone #:       Fax #:  Email address: | Inspection Site Location(s):  Same as mailing address  Different (please specify):  Multiple locations *(list inspection sites below)* | | |
| Multiple inspection site addresses (if applicable): | | | |
| Provide directions to main farm location *(attach separate sheet if information cannot fit in this space)*: | | | |
| Main Contact Person(s):  Name:       Title:  Phone:       Fax:       Email address: | | | |
| Additional Contact Person:  Name:       Title:  Phone #:       Fax #:       Email address:  As per PACS policy, we will only respond to emails from approved contacts. If adding contacts following submission of this application, please contact the PACS office. | | **For Office Use Only**:  Reviewed by:       Date: | |

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| **A. CERTIFICATION INFORMATION**  **NOTE: Please complete this section if you are applying for certification of *only* mushrooms. If you have ground crops or livestock and are also submitting a Crop and/or Livestock Plan, skip to the next section.** | |
|  | Have you ever applied for organic certification with any certification body in the past? no yes  ***If yes***, indicate certification agency and year:  ***If yes***, were you denied certification or had your certification suspended or revoked? no yes –Describe corrective measures taken: |
|  | Do you hold any type of organic certification? (*i.e.* Attestation of Compliance or Packaging & Labelling certificate) no yes  ***If yes,*** are you planning to keep concurrent certifications? no yes – identify the certification body:  Do you have certification by other agencies such as CanadaGAP or Food Safe, etc? no yes > Details: |
|  | Have you reviewed the 2020 version of the Canadian Organic Standards and Permitted Substances Lists (**CAN/CGSB-32.310** and **311)** while filling in this Plan? no yes These documents can be found at this link: <https://publications.gc.ca/site/eng/9.854643/publication.html> |
|  | Do you train your staff about the requirements of the Canadian Organic Standards?  no yes  ***not applicable – have no staff***  ***If no***, explain how you plan to rectify this situation. |
|  | Will you wish to use the Canadian organic legend (logo) on qualifying product labels? no  yes |
|  | Do you want products that are listed on your organic certificate to show organic equivalence to countries with whom Canada has organic equivalence arrangements? (relevant if you export out of Canada) no  yes |
|  | **CAN/CGSB-32.310 clauses 5.1.3** and **5.1.4** state that each enterprise should aim at complete transition to organic. During the transition period, an enterprise can maintain a non-organic production system that is entirely separate and identified pending incorporation into the transition process (**Split Operation**). Production units can be converted one at a time. Parallel production has specific limitations.  Is there any part of your enterprise that will not be included in the transition plan (including crops, livestock or poultry for your own consumption)?  no – this operation will be entirely organic ***Skip to Section C***  yes – this is a split operation ***Continue to Section B*** |

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| **B. SPLIT OPERATION*not applicable –* my operation will be entirely organic** | |
|  | Please use the following table to identify all non-organic crops (including hay and pasture) and animals. For crops, also indicate whether you are growing the same variety in both organic and non-organic sections of your operation (parallel production).   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Crop or Type of Animal** | **Field ID(s) (or n/a)** | **GMO?** | **Acres/ha** | **In parallel production?** | |  |  | Y N |  | Y N | |  |  | Y N |  | Y N | |  |  | Y N |  | Y N | |  |  | Y N |  | Y N | |  |  | Y N |  | Y N |   If more space is required, attach a separate page. ***an extra page is attached*** |
|  | List the soil and fertility amendments, herbicides, pesticides, feeds, or any other production related input that you use on the non-organic portion of your operation.***not applicable* - I do not use inputs**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Product** | **Brand Name** | **Field ID** | **Storage Location** | **Applied by Self (s) or Custom (c)** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   If more space is required, attach a separate page. ***an extra page is attached*** |
|  | How are the non-organic crops visually distinguishable from the organic crops? |
|  | Do you store prohibited materials in the same location as allowed materials? yes no  ***If yes***, explain how you segregate them and identify the materials prohibited in the organic units: |
|  | Do you use the same equipment on both organic and non-organic sections of your operation? yes no  ***If yes***, do you maintain a cleaning log? yes no |
|  | I understand that my CB may require the Verification Officer to inspect spray records and inventories and crop and sales records from my non-organic operation. yes no – explain: |
|  | How do you separate and identify organic and non-organic growing areas? |
|  | Do you have separate storage areas for organic and non-organic product? yes no  If no, explain how you prevent commingling/contamination of the organic product in storage |
|  | Do you have separate packing facilities for non-organic product yes no  If no, how do you prevent commingling of organic and non-organic product? |

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| **C. ORGANIC MANAGEMENT PLAN**  ***NOTES:*** The standard must be fully applied on an outdoor production unit for at least 12 months before the harvest is considered organic. Prohibited substances shall not have been used for at least 36 months prior to the harvest of an organic crop. Production shall **not** alternate between organic and non-organic on a production unit. | | |
|  | What is the size of your farm?       Indicate whether you: own lease rent other (specify):  If this is an initial application, request the **Field Identification and** **Land Use History Sheet** from the PACS office. If there is more than one site, indicate the names of the sites in addition to the names of the fields/buildings.  ***not applicable – renewal application*** Sheets attached. | |
|  | You must submit a sketch or map of your farm showing all production units, buildings and facilities. If you are growing outdoors, include details of any buffer zones required to protect your production areas from contamination.  ***map(s) attached***  For each production building, provide a diagram of the interior features and indicate the production flow.  ***diagram(s) attached*** ***maps and diagrams sent via*** Post Fax Email | |
|  | Will your mushroom crops be produced outdoors, indoors or both? outdoors indoors both  ***If any are produced outdoors***: ***n/a***  ***Describe*** the distinct, defined boundaries that are in place surrounding the outdoor production area(s):  ***Identify*** the measures you have in place to eliminate unintended contact with prohibited substances:  buffer zones hedgerows permanent road ditches other – ***describe***:  ***When*** was the last application to the soil of any substance prohibited in **CAN/CGSB-32.310 clause 1.5**or not listed in **CAN/CGSB-32.311** Permitted Substance Lists?  ***If any are produced indoors***: ***n/a***  ***What*** are your buildings made of? ***n/a*** wood framed concrete or concrete block steel  other – ***specify***:  ***Do*** your production buildings contain any treated wood? no  yes – ***Explain*** how the substrate and mushrooms are isolated from the treated wood.  ***Indicate*** the type(s) of growing containers used in your facility:  wood crates/trays plastic crates/trays in the soil logs other (***specify***):  ***When*** was the last application to the facilities of any substance prohibited in **CAN/CGSB-32.310 clause 1.5**or not listed in **CAN/CGSB-32.311** *Permitted Substance Lists*? | |
|  | Briefly describe your production process, from creating or sourcing growing media (substrates) to harvest – include timelines. | |
|  | List the products you wish to have certified: ***NOTE***: *Applications for mushrooms grown outdoors must be received 15 months before the day on which the product is expected to be marketed (SFCR s. 344(3)).*   |  |  |  | | --- | --- | --- | | **Crop or Variety Name** | **Total Area in Production** | **Projected Yield** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   If additional space is required, add a separate page. ***An extra page is attached***. |
|  | If any of the products to be certified are ***not*** produced by your enterprise provide the following information: ***not applicable***  Name of enterprise producing the product:       Phone #:  Contact Name at that enterprise:       Product(s) involved: | |
|  | **Considering** the following list of organic requirements, indicate whether your management system fulfills each requirement by placing a check in the appropriate box. For those it does not, use the explanation column to indicate how and when you will bring your management practices into compliance.   |  |  |  | | --- | --- | --- | | **Requirement** | **Fulfilled?**  **(yes or no)** | ***If NO* – provide an explanation** | | **Mushrooms and substrates** must not come into contact with substances prohibited in ***CAN/CGSB-32.311*** | yes no |  | | **Substrates** must be produced in accordance with ***CAN/CGSB-32.310*** and ***Table 4.2 (Column 1) of******CAN/CGSB-32.311*.** | yes no |  | | **For soil-grown mushrooms**, prohibited substances shall not have been applied to the soil for 36 months prior to the harvest of an organic crop. | yes no  ***n/a*** |  | | **For indoor facilities**, mushrooms shall not come into contact with prohibited substances that would compromise the integrity of the crop. | yes no  ***n/a*** |  | | **For indoor facilities,** new or replacement structures which contact the growth substrate must be constructed from lumber ***not*** treated with prohibited substances. | yes no  ***n/a*** |  | | **Wood substrates** (logs, sawdust, or other wood-based materials) must be derived from wood, trees or logs that have not been treated with any prohibited substances. | yes no  ***n/a*** |  | | **Manure** or any permitted non-organic agricultural material (from ***Table 4.2 (Column 1) of******CAN/CGSB-32.311***) used in growth substrates must have been composted in accordance with the Canadian Organic Standards. | yes no  ***n/a*** |  | | **Other** **agricultural substances** (e.g. straw, hay or grains) used as growth substrates must be organic or must have been composted in accordance with the requirements of ***Table 4.2 (Column 1) of******CAN/CGSB-32.311***. | yes no  ***n/a*** |  | | **Organic spawn** must be used. | yes no |  | | **If organic spawn is not available** from within the production unit or is not commercially available, non-organic spawn treated with substances listed in ***Table 4.2 (Column 2) of******CAN/CGSB-32.311*** may be used. | yes no |  | | **Cultivation sites** must be free of debris from understory, diseased trees, and trees infected by other pests. | yes no  ***n/a*** |  | | **Diseased mushroom strains** must be burned, moved at least 50 m (164 ft) from a production site, or disposed of as recommended by good management practices. | yes no  ***n/a*** |  | | **Disease prevention measures** are taken including the removal of diseased materials and cleaning and sanitation using substances included in ***Table 4.2 (Column 2) of******CAN/CGSB-32.311*** | yes no |  | | |
|  | Describe the ingredients included in your production substrate and list your sources:   |  |  |  | | --- | --- | --- | | **Ingredient** | **Sources** | **Certified Organic?** | | Animal manure |  | yes no | | Straw or hay |  | yes no | | Peat |  | yes no | | Commercial compost |  | yes no | | Gypsum |  | yes no | | Limestone |  | yes no | | Cereals |  | yes no | | Grains |  | yes no | | logs wood chips/sawdust  other wood waste (***describe***): |  | yes no | | Other (specify) |  | yes no |   If more space is required, attach a separate page. ***An extra page is attached***. | |
|  | For each **non-organic** source listed in the chart above, do you use non-organic sources ***only*** when organic sources are not commercially available? yes no – ***explain***: | |
|  | For any substances listed above which come from non-organic sources, describe how you ensure that these materials have not been contaminated by substances prohibited in ***CAN/CGSB-32.310*** ***clause 1.5*** or which are **not** listed in ***CAN/CGSB-32.311***. | |
|  | Do you **produce** compost on farm from any of the above ingredients? yes no – ***Skip to next question***  Describe the system used.  in-vessel static aerated pile windrow other (specify):  **I turn my compost**: no yes – ***how many times before using***?       Aging time:  Are you measuring the compost temperature and maintaining records of the temperature for the duration specified in the Canadian Organic Standards (55oC (130oF) for 4 consecutive days or more)? yes no  Do you keep a compost log? yes no – ***why not?*** | |
|  | Describe the methods you use to ensure that logs or wood materials are derived only from trees that have been grown in areas free of prohibited substances, and that there has been no post-harvest treatment with prohibited substances. | |
|  | If you purchase off-farm animal manure, you must keep a log for each imported load documenting the following:   1. The source; 2. The type of livestock; 3. Details confirming that the source enterprise meets the requirements of ***CAN/CGSB-32.310 clause 5.5.1*** and that the manure or compost meets the requirements of ***Table 4.2 of CAN/CGSB-32.311***. 4. Where there is a risk that whole seeds/grains or medications may be part of the manure, documentation regarding the GE status and identity of medications in the food source will be required.   **This documentation is currently being recorded**. yes no  ***If no***, explain your plans to comply: | |
|  | Complete the following list regarding sources of spawn for your **organic** mushroom varieties:   |  |  |  | | --- | --- | --- | | **Source/supplier** | **Variety** | **Organic (O) or**  **Non-organic (N)** | |  |  | O N | |  |  | O N | |  |  | O N | |  |  | O N | |  |  | O N | |  |  | O N | |  |  | O N | |  |  | O N |   If more space is required, attach a separate page. ***An extra page is attached***. | |
|  | For **each** of the spawn varieties indicated above that are **non-organic**, provide details of your search for organic sources:   |  |  |  | | --- | --- | --- | | **Source/supplier** | **Date of investigation** | **Result** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   If more space is required, attach a separate sheet. ***An extra page is attached***. | |
|  | List all substances used during the past 12 months in or on the substrates of the mushrooms **requested for certification.**   |  |  |  |  | | --- | --- | --- | --- | | **Brand Name/Source** | **Active Ingredients** | **On an approved Organic List?** | **Reason for Use** | |  |  | N Y - |  | |  |  | N Y - |  | |  |  | N Y - |  | |  |  | N Y - |  | |  |  | N Y - |  | |  |  | N Y - |  |   If more space is required, attach a separate page. ***An extra page is attached***. | |
|  | List all substances used in the past 12 months in or on the ***non-organic*** mushroom substrates. ***not applicable***   |  |  |  |  | | --- | --- | --- | --- | | **Brand Name/Source** | **Active Ingredients** | **Is it Prohibited for Organic use?** | **Reason for Use** | |  |  | yes no |  | |  |  | yes no |  | |  |  | yes no |  | |  |  | yes no |  | |  |  | yes no |  | |  |  | yes no |  |   If more space is required, attach a separate page. ***An extra page is attached***. | |

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| **C. HARVEST and STORAGE** | |
|  | What type(s) of harvest containers are used at your facility?  wooden totes plastic totes steel/wire totes cardboard boxes waxed cardboard boxes  natural fibre baskets other (specify): |
|  | Are harvest containers used for organic mushrooms ***only***? yes  no – How are the organic mushrooms protected from contamination?  Did you purchase the harvest containers new? yes no – what was their previous use?  Are the harvest containers marked as such? yes no  Are the harvest containers put to any other uses? no yes – describe:  Where are these containers stored when they are not being used? |
|  | How are mushrooms moved from the growing area to the packing/processing area?  How is the packing area physically separated from the growing area? |
|  | If you do any on-farm processing (cleaning, slicing, drying, freezing etc.), ***describe your facilities and processes***. (**Note:**  You may be required to complete an Organic Plan for Preparation.) |
|  | What type(s) of final packing containers are used at your facility?  bulk wooden bins bulk plastic bins cardboard boxes waxed cardboard boxes  bulk natural fibre baskets plastic retail trays cardboard retail trays paper bags  other (specify): |
|  | Do you label any of these packages? no yes – bulk and/or retail  Attach sample labels for your products.  sample labels are attached labels are not attached – ***explain***: |
|  | How do you store packed mushrooms?  refrigerated cooler ventilated cool room enclosed delivery vehicle Off-site facility  other (***specify***): |
|  | If you store packed mushrooms off-site, is storage at a facility that you own?***not applicable***  no, I do not own the facility yes > Physical address:       Details:  How do you move packaged mushrooms from the packaging area to storage area(s)? |
|  | Do you store organic product at any storage facility operated by a third party? yes no – ***skip to next question***   |  |  |  | | --- | --- | --- | | **Name of facility** | **Certified Organic?** | **Certifier, if applicable** | |  | yes no |  | |  | yes no |  | |  | yes no |  |   Attach an additional page if more space is required. ***An extra sheet is attached.***  For each facility that is **not** certified organic, submit an **Independent Storage Statement** available on the PACS website. ***not applicable***  Have requested completed Independent Storage Statement(s) from each storage facility  Independent Storage Statement(s) attached |
|  | Is your facility inspected by food inspectors or other regulatory agencies? yes no  ***If yes***, provide the name, address, and phone number of the agency:  What was the date of the last inspection?       ***Outcome***? pass fail |
|  | Where do you sell your products? (Check all that apply.)  Farmer’s Market Direct to retail Farm gate sales Bulk to processor/wholesaler  Contract to buyer Other (specify):  Home province/territory only other parts of Canada In the USA Internationally |

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| **D. SANITATION and PEST CONTROL** | |
|  | What method of sterilisation do you use for your substrate(s)? |
|  | Describe your disease control practices and any products used: |
|  | How often do you wash/sanitize harvest containers?  What methods are used to wash/sanitize harvest containers? |
|  | Identify any **food-contact** surfaces in the processing area of your facility.  What methods and products are used to wash/sanitize these surfaces?  Have you documented these sanitation protocols? yes no – ***explain***:  ***If yes***, do you maintain a Cleaning Log? yes no |
|  | Do bare hands touch organic products? yes no, gloves are used.  ***If yes***, submit the ingredients list for hand cleaners and sanitizers. Ingredients list attached.  ***If gloves are used***, are new gloves used before organic runs? yes no – ***explain***: |
|  | Indicate all cleaning methods used on equipment, the facility, processing areas, storage areas and any other areas:  sweeping scraping vacuuming compressed air manual washing clean in place (CIP)  steam cleaning sanitizing Other (specify):  Do you test food contact surfaces or rinsate for cleaner/sanitizer residues? yes no  Where are cleaning materials stored? |
|  | Complete the following table for all cleaning products used:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **What is cleaned (food-contact surfaces, including hands and gloves). If on equipment, identify equipment.** | **Exact Brand Name and Product Number** | **Documentation attached** | **Method used to ensure that cleaning agent is removed from food contact surfaces? Mention residue tests, if done.** | **Is cleaning and removal of cleaning material documented?** | |  |  | Prod Label/spec sheet  MSDS  Ingredients list |  | yes no | |  |  | Prod Label/spec sheet  MSDS  Ingredients list |  | yes no | |  |  | Prod Label/spec sheet  MSDS  Ingredients list |  | yes no | |  |  | Prod Label/spec sheet  MSDS  Ingredients list |  | yes no |   If additional space is required, attach a separate page. ***An extra page is attached***. |
|  | Indicate your management and recycling practices for the following waste products:   |  |  | | --- | --- | | **Waste Materials** | **Management Practice** | | growing media |  | | cull mushrooms |  | | waste water from washing/sanitizing |  | | waste plastic |  | | Waste packaging material |  |   If more space is required, attach a separate page. ***An extra page is attached***. |
|  | Check all pest problems you have experienced in your facilities (including storage areas):  flying insects crawling insects rats mice spiders birds other (specify):  Do you keep records of your pest monitoring/management activities? yes no – explain: |
|  | List all pest management materials used. Include bait stations outside of facility.   |  |  |  |  | | --- | --- | --- | --- | | **Brand or Trade Name** | **Active Ingredients** | **Locations Where Used and Pest Targeted** | **Frequency** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   If additional space is required, attach an extra sheet. ***An extra page is attached***. |

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| **E. TRANSPORTATION and RECORDKEEPING** | |
|  | What type(s) of shipping containers are used at your facility? ***same as final packing containers***.  staked-on pallets plastic wrapped pallets cardboard wrapped pallets wooden crates  plastic crates other (specify):  Are shipping containers re-used? no yes – How do you wash/sanitize them before use? |
|  | Who is responsible for the transportation of your produce?  Me Buyer Packer Other (specify):  Describe the transport method: |
|  | How is organic integrity (prevention of commingling, contamination) kept during transport? Check all that apply.  All transport vehicles are dedicated to organic ***(skip to next section)***  Transport company notified of organic handling requirements  Agreement with transport company to handle organic goods according to requirements  Clean truck affidavits come with incoming products  Clean truck affidavits are sent with outgoing products  Transports inspected when products/ingredients received and rejected if not clean  Transports inspected before being loaded and rejected if not clean  All shipping containers (i.e. cases, pallets, shipping containers etc.) are clearly identified as organic  Tamper-proof shipping methods  Products are in impermeable packaging  Organic products segregated during transport  Transport Standard Operating Procedures (SOP) attached  More information and/or other methods used: |
|  | Which of the following records do you keep for organic production? Check all that apply.   |  |  | | --- | --- | | Input records for materials used (including seed lots) | Monitoring records/analyses (water tests, quality tests) | | Equipment cleaning records | Harvest records showing harvest date and amounts | | Storage records showing location ID, lot #’s, amounts | Product sales | | Cleaning, sanitation, clean-down logs | Clean transport records | | Shipping records | Transaction certificates | | Audit control summary | Other (specify): |   How long do you keep your records? |
|  | Which of the following records do you keep for ***non-organic*** production? Check all that apply.   |  |  | | --- | --- | | Input records | Storage records | | Sales records | Paid employee records | | Shipping records | Harvest records | | Other (specify): | | |

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| **F. NOTES** |
| Use this area to add any information that may provide assistance to the Certification Committee Member who will review your application: |
| Attachments I am including with this document:  Farm map/building diagram(s)  Field Identification and Land Use History Sheet form  Neighbour or Land-Owner Declaration form  Independent Storage Statement(s)  Labels  Other management plans i.e. Crops Grown in Containers, Livestock, Poultry, Preparation  Ingredients lists (for sanitizers, cleaners)  Product specification sheets and/or MSDS  Standard Operating Procedures (SOPs)  Other (***specify***):  **You will be required to submit an application that updates this plan each year. Keep a copy of this Crop Plan as a reference for updating it in the future. This application is part of your farm records and must be kept with farm records.** |

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| G. ORGANIC OPERATOR AFFIRMATION |
| ***I affirm* that all statements made in this application are true and correct**.  ***I understand* that**:   * The applicable transition period of my enterprise does not commence until all documents constituting a complete application have been duly submitted to the PACS office for review, upon which time my enterprise and all its functions are operating under certification body supervision. * Acceptance of this document in no way implies granting of certification by the Certification Body (CB). * My operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Canadian Organic Standards and Permitted Substances Lists. * Any wilful misrepresentation will result in de-certification. * Production methods may not alternate between organic and non-organic methods. * This completed document is confidential information according to the policies of the BC Certified Organic Program. Membership and certification status, however, is public information.   ***I agree*:**   * To allow the Verification Officer and/or members of the Certification Committee and the COABC Accreditation Board auditors access to all areas of my enterprise and to my records, including but not limited to: inputs, production, processing, handling, sales and products purchased for resale, from both organic and non-organic production.   ***I am applying as a [choose all that apply]:***  ***COR applicant*** - ISO-compliant certification for interprovincial/international trade (permits use of the COR logo).  ***BCCOP applicant*** *-* certification of my products for sales only within British Columbia (BC Certified Organic Program – permits use of the BCCOP logo). NOTE: COR applicants who use the BCCOP logo must also apply for this program.  ***BCCOP applicant***certification of my products to the **BCCOP Low Risk Program**. I understand that the eligibility requirements for participation in the Low-Risk Program include the following criteria:  a) Enterprise must not be exporting organic product out of BC  b) Enterprise must not practice parallel production  c) Enterprise must not have outstanding conditions  d) Enterprise must have received a valid organic certificate in all of the previous three years  e) The enterprise must be assessed for risk, and receive a low risk ranking from the certification committee  ***PACS Program applicant*** - certification of:  a) agricultural products for sales within my own province only (**excluding** BC) or territory, including Low Risk certification for operators outside of BC; **OR**  b) Natural Health Products; **OR**  c) Cannabis Cultivation and/or Cannabis Processing (within Canada).   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Signed: |  | Print Name: |  | Date: |  | |