NOP Import Certificate (NOPIC) Request Form

PACS advises operators to obtain valid Import Certificates prior to scheduling shipments. NOP Import Certificates will not be generated from incomplete request forms. Mandatory fields are marked with \*.

NOTICE: PACS may conduct an interim audit of records related to this import certificate prior to its expiration date. Operators are responsible for providing these records on short notice. Failure to provide records will be considered a non-conformity and could result in the cancelation of affected NOP Import Certificates. Please compile these records as soon as they are available and keep them on hand for verification. Records must also be available for the Verification Officer during your annual inspection.

DATE SUBMITTED\*:

DATE OF FIRST ANTICIPATED EXPORT SHIPMENT\*:

NOPIC DURATION REQUESTED (IN MONTHS – TO MAXIMUM OF 12 MONTHS)\*:

If you require only a single NOPIC, please proceed with completing all sections of this form. If you require more than one NOPIC (for multiple products and/or USA recipients), please complete Section E and sign this form, and attach the NOPIC Spreadsheet (separate document) with your multiple products and recipients.

SECTION A

EXPORT INFORMATION (CANADA)

Legal Enterprise Name and PACS # (16-xxx) \*:

NOP ID #\**:*

Alternate Exporter Contact Information:
Enter details if the best contact information for international trade issues is different than the primary contact for the operation. *Include first and last name, phone number and email below.*

Exporting from\*:
*This is the last physical address where the product is shipped from, before it enters the USA*

SECTION B

FINAL HANDLER INFORMATION (CANADA): \*

[ ]  Final Handler is same as Exporter *(proceed to section C)*

Final Handler Details:

 Enterprise Name:

Primary Contact Name:
Certification Body/Certifying Agent (*if applicable*):

 NOP ID# (*if applicable*):

 Physical address:

 Phone number:

 Email:

Exporting from:
*This is the last physical address where the product is shipped from, before it enters the USA*

Alternate Final Handler Contact Information:
Enter details if the best contact information for international trade issues is different than the primary contact for the operation. *Include first and last name, phone number and email below.*

SECTION C

RECIPIENT INFORMATION (USA IMPORTER): \*

Certified Recipient (Importer of Record) Information:
 NOP ID#:

 Name of Business:

 Physical address:

OR

Un-Certified Recipient (Importer of Record) (USA) Details:

 First Name:
 Last Name:
 Business Name:

 Physical address:

 Phone number:

 Email:

Alternate Recipient Contact Information (for certified or uncertified recipient):
Enter details if the best contact information for international trade issues is different than the primary contact for the operation. *Include first and last name, phone number and email below.*

SECTION D

PRODUCT & EXPORT DETAILS

Product(s) to be Exported (as labeled) \*:
*Only products with the same Harmonized Tariff Code can be listed per Import Certificate. “As labeled” means for raw products, enter the common name of the product(s) (e.g. lemons or limes). For packaged products, enter the name shown on the principal display panel (front of the package).*

Harmonized Tariff Code (10 digits) \*:
*HTS Codes can be found at https://hts.usitc.gov.*

Total Net Weight (kg) \*:
*Estimated net weight in kilograms per product for all export shipments for the periods listed below. If you cannot generate estimates for every category below, please include what estimates you can. ALL products on this request form must have the same Harmonized Tariff Code.*

|  |  |  |
| --- | --- | --- |
| Product Name | Estimated Net Weights (kg) | Current Inventory |
| For 1 Month | For 3 Months | For 6 Months | For Other (specify up to 12 months:      ) |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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[ ]  Separate sheet attached (if all products will not fit on the table above, please provide a separate sheet)

*NOTE: this will be reconciled with net weight records submitted to US Customs and Border Protection. These numbers can be updated after the NOPIC is generated but must match Custom’s records.*

Estimated Number of Containers (*if applicable*):
*Use this field for all air or vessel containers carrying product for all shipments. This field can be left blank, if not applicable.*

Shipping Identification:
*Flight number(s), vessel number(s) or name(s), container number(s), lot or batch numbers, etc.*

ADDITIONAL INFORMATION

Remarks (*optional*):

SECTION E

Indicate the records related to this Import Certificate that you will have available for PACS and the Verification Officer to review**\***:

[ ]  Inventory control records (***mandatory***)

[ ]  Fraud Prevention Plan (FPP) (***mandatory***)

[ ]  Lot or batch numbers

[ ]  BOL, shipping receipts, etc

[ ]  Bulk container labels/identification

[ ]  Clean Truck Receipt

[ ]  Transportation Declaration

[ ]  Organic Certificate for Transportation

[ ]  Organic Certificate for Exporter

[ ]  Organic Certificate for Other Handler(s) (please specify):

[ ]  Shipping container documentation for air or vessel containers.

[ ]  Shipping documentation (linked to flight #, vessel # or name, etc).

[ ]  US Customs and Border Protection transaction certificate(s).

[ ]  Other (please specify):

**By signing below, I hereby acknowledge all of the following\*:**

It is my responsibility to obtain a valid NOP Import Certificate prior to scheduling any product shipments for the product listed above.

* I shall obtain copies of all traceability documents required for my own assurance that all handlers of organic products within my supply chain are certified organic and/or compliant under the Canada Organic Regime.
* PACS may request, at any time, related documentation required for PACS’ verification purposes, and/or by the USDA, for this NOP Import Certificate and I will have all documents ready to submit to PACS on short notice.
* I shall record and make all inventory-related records available to PACS upon request.
* I shall have all documentation on-site for the Verification Officer to review during my annual inspection.
* Failure to respond within 2 business of PACS’ request may result in the cancellation of any or all affected NOP Import Certificates issued to my enterprise.

Signature**\***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name**\***: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of Signature**\***: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**