



Pacific Agricultural Certification Society

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 admin@pacscertifiedorganic.ca Website: www.pacscertifiedorganic.ca

Organic Plan: Crop

This form is to be used for:

1. initial certification applications for (or major changes to) farm crops: vegetables, small fruits, large fruits, nuts, grains, forage and unheated greenhouses. Livestock producers must fill in this form as well as a Livestock Plan; or
2. when there are changes to the Canadian Organic Standards; and
3. every 5 years after the initial application.

Use the accompanying "PACS Crop Plan Guide" to assist in completion of this form.

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.

Name:		Farm Name:		Date (dd/mm/yyyy):	
Mailing address, including municipality: Phone #: _____ Fax #: _____ Email address: _____			Physical location:		
Provide directions to farm location (<i>attach separate sheet if information cannot fit in this space</i>):					
Contact Person (manager) information: Name: _____ Title: _____ Phone #: _____ Fax #: _____ Email address: _____				For Office Use Only: Reviewed by: _____ Date: _____	

A. CERTIFICATION INFORMATION	
1.	List current organic certification by other agencies. <input type="checkbox"/> not applicable Are you planning to keep concurrent certifications? <input type="checkbox"/> yes <input type="checkbox"/> no
2.	Have you ever been denied certification or had your certification suspended or revoked? <input type="checkbox"/> no <input type="checkbox"/> yes – indicate certification agency and year: Describe corrective measures taken:
3.	Have you reviewed the 2020 revisions of the Canadian Organic Standards and Permitted Substances Lists (CAN/CGSB-32.310 and 311) while filling in this Plan? <input type="checkbox"/> yes <input type="checkbox"/> no <i>Please note the questions in this organic plan have not yet been updated to reflect 2020 changes, however operators are expected to manage their operation in accordance with the 2020 standards.</i>
4.	List all crops or products for which certification is requested. NOTE: Applications for field crops, maple products, wild crops or aquaculture products must be received 15 months before the day on which the product is expected to be marketed (SFCR s. 344(3)):
5.	If any of the products to be certified are not produced by your enterprise provide the following information: <input type="checkbox"/> not applicable Name of enterprise producing the product: _____ Phone #: _____ Contact Name at that enterprise: _____ Product(s) involved: _____

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6.	<p>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. A written transition plan is required to identify production units and timeframes considered to bring the enterprise into complete transition. (Certification Bodies can make exceptions under certain circumstances.)</p> <p>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)? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>not applicable – this enterprise does not (will not) have any non-organic production.</p> <p>If yes:</p> <ul style="list-style-type: none"> • List the non-organic components of your operation here: • Request, complete and submit a Split Operation Form from PACS.
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B. ENTERPRISE OVERVIEW															
7.	<p>New applicants and organic operators bringing new land into (or removing it from) the certification program must complete the Field Identification Sheet to identify all your fields (at the end of the form). Include a detailed diagram of your farm layout (farm map). See Guide item #7 for details.</p> <p><input type="checkbox"/>Map is attached Map has been sent by: <input type="checkbox"/>Post <input type="checkbox"/>Email <input type="checkbox"/>Fax</p> <p>Use the chart below to describe the total land base owned/managed – organic, non-organic and wild (bush, waste, rocky) – (specify acres or hectares)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 70%; text-align: center;">Description of land unit</th> <th style="width: 30%; text-align: center;">Area in acres or hectares:</th> </tr> </thead> <tbody> <tr><td>Farmed area to be certified</td><td></td></tr> <tr><td>Farmed areas not in the certification program</td><td></td></tr> <tr><td>Wild area that will be managed organically</td><td></td></tr> <tr><td>Wild area not managed organically</td><td></td></tr> <tr><td>Residence and building areas not to be CO</td><td></td></tr> <tr><td>Total area owned and/or managed</td><td></td></tr> </tbody> </table>	Description of land unit	Area in acres or hectares:	Farmed area to be certified		Farmed areas not in the certification program		Wild area that will be managed organically		Wild area not managed organically		Residence and building areas not to be CO		Total area owned and/or managed	
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Total area owned and/or managed															
8.	<p>Do you have production buildings (barns, storage, drying or equipment sheds etc) on your property? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, do any of these buildings contain treated wood construction materials? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, how are the treated components isolated from contact with organic products?</p>														
9.	<p>Polyvinyl Chloride plastics are prohibited for use as plastic mulch, row covers or solarisation materials on organic enterprises. Are there any such PVC products currently in use on your enterprise? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>unknown</p> <p>If yes, what are your plans for bringing your enterprise into compliance?</p>														
10.	<p>Do you have in-ground fence posts that are treated with prohibited substances, such as chromated copper arsenate (CCA), on your property? (substances not listed on the Permitted Substances List) <input type="checkbox"/>no</p> <p>Yes <input type="checkbox"/>in use AND/OR <input type="checkbox"/>stockpiled – number stockpiled:</p> <p>Are you seeking permission to continue using these treated posts? <input type="checkbox"/>yes <input type="checkbox"/>no Give details:</p> <p>Note: New wood installations must be untreated or treated only with materials listed <u>for that application</u> on the Permitted Substance List.</p>														

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28.	Do you have crops at risk of contamination from commercialized GE crops? <input type="checkbox"/> no <input type="checkbox"/> yes If yes what mitigation strategies do you have in place (or planned) to protect your crops from cross-pollination? <input type="checkbox"/> Physical barriers <input type="checkbox"/> Border rows <input type="checkbox"/> Delayed planting <input type="checkbox"/> Isolation via distance <input type="checkbox"/> Other – give details:
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E. FARM MANAGEMENT			
29.	Seeds and Planting Stock (CAN/CGSB-32.310 clause 5.3)		<input type="checkbox"/> I do not use seeds – skip to question 33.
	How do you ensure you are not using genetically modified seeds? Describe the evidence that you have demonstrating that the seeds you have purchased are not genetically modified.		
30.	If you use pelleted seeds, are all the pelleting ingredients approved for organic production? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown – explain:		
31.	List all separate seed sources:		
	Seed source/supplier	Vegetable (V), Forage (F) or Grain (G)	Organic (O) or Non-organic (N)
		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
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		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> V <input type="checkbox"/> F <input type="checkbox"/> G	<input type="checkbox"/> O <input type="checkbox"/> N
	If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.		
32.	For each of the seeds 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. <input type="checkbox"/> An extra page is attached.		
33.	If you purchase planting stock or annual seedlings, complete the following table. For non-organic perennial transplants , indicate the date of planting. <input type="checkbox"/> not applicable, I do not purchase planting stock or seedlings.		
	Source/supplier	Planting stock or seedling type or variety	Organic (O) or Non-organic (N)
			<input type="checkbox"/> O <input type="checkbox"/> N
			<input type="checkbox"/> O <input type="checkbox"/> N
			<input type="checkbox"/> O <input type="checkbox"/> N
			<input type="checkbox"/> O <input type="checkbox"/> N
			<input type="checkbox"/> O <input type="checkbox"/> N
			<input type="checkbox"/> O <input type="checkbox"/> N
	If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.		
34.	For each non-organic seed or planting stock purchased, you must have evidence that they have not been treated with anything other than substances listed in Table 4.3 of CAN/CGSB-32.311 . You must show the evidence to the VO. Describe the evidence that you have:		

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52.	<p>Do you plan to use fresh or aged manure which has not been <u>hot composted according to the organic standards</u>? (NOTE: This is called “raw” manure, regardless of its age.) <input type="checkbox"/>yes – continue with the next question <input type="checkbox"/>no – I actively compost my manure – Skip to question #57 <input type="checkbox"/>no – I will not use manure at all – Skip to question #58</p>																																										
53.	<p>Do you obtain manure or other compost material from off-farm sources? <input type="checkbox"/>no – skip to the next question <input type="checkbox"/>yes If yes, is the source: <input type="checkbox"/>organic <input type="checkbox"/>transitional <input type="checkbox"/>non-organic? If non-organic, do you use such sources only when organic sources are not commercially available? <input type="checkbox"/>yes <input type="checkbox"/>no If no, explain: You must record details for <i>each</i> imported load of off-farm compost material documenting the following: a. The source; b. The type of livestock (for manure or animal wastes); c. 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 CAN/CGSB-32.311 clauses 4.1.2 and 4.1.3. d. Where there is a risk that whole seeds/grains or GE ingredients and/or derivatives in animal feeds may be part of the manure, documentation regarding the GMO status of the food source will be required. This documentation is currently being recorded. <input type="checkbox"/>yes <input type="checkbox"/>no If no, explain your plans to comply:</p>																																										
54.	<p>Do you use processed animal manure as a soil amendment? <input type="checkbox"/>no – skip to the next question <input type="checkbox"/>yes - continue below. Do you have documentation describing the method of processing and the type of physical, biological or chemical treatment applied to the manure? <input type="checkbox"/>yes <input type="checkbox"/>no NOTE: To be permitted, any substances used must be listed in Table 4.2 of CAN/CGSB-32.311.</p>																																										
55.	<p>What type of manure is applied (chicken, hog, horse)? Is there bedding material mixed in with the manure? <input type="checkbox"/>yes <input type="checkbox"/>no If yes, describe it: Application method used: Rate of application:</p>																																										
56.	<p>When raw manure or manure tea is applied to land before a food crop intended for <u>human</u> consumption, it must be incorporated into the soil following this schedule:</p> <ul style="list-style-type: none"> • Edible portion of crop does not contact soil – 90 days before harvest. • Edible portion of crop has direct contact with soil (or with manure tea) – 120 days before harvest. <p>Please fill in the following chart regarding your application practices.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Timing of application</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;">When incorporated</th> <th style="width: 15%;">Crop at time of application</th> <th style="width: 15%;">Crop to be planted after application</th> <th style="width: 20%;">Harvest date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>If more space is required, attach a separate sheet. (Note: The National Standard requires that these types of records be maintained in your recordkeeping system as part of your organic plan.)</p>	Timing of application	Rate	When incorporated	Crop at time of application	Crop to be planted after application	Harvest date																																				
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57.	<p>Do you test your compost and/or your soil to ensure that heavy metals, pathogenic organisms or prohibited substances residues are not accumulating in your soil? <input type="checkbox"/>yes <input type="checkbox"/>no</p>																																										

<p>G. CROP, PEST, DISEASE and WEED MANAGEMENT</p> <p>Crop health and losses due to weeds, diseases and pests must be managed through organic cultural practices, mechanical techniques and physical techniques. When these alone are insufficient, substances listed in the Permitted Substances Lists may be used. Conditions causing the need for the use of these substances must be documented.</p>	
58.	<p>Before applying a soil amendment or crop production aid, do you check that the ingredients are listed in the PSL for the intended application? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p>

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If more products need to be included, attach a separate page. **An extra page is attached.**

66. Describe your handling facility (including the size of the facility and all associated equipment and vehicles).

A schematic diagram of the facility is attached (**mandatory**).

A flow chart of the handling process(es) is attached (**mandatory**).

Do you handle both organic and NON-organic products? no, organic only yes, both

If both:

- o How do you segregate organic and non-organic processing in order to protect the integrity of the organic products?

Do you wash your produce? no yes – **identify the water source:**

If yes:

- o Do you use any additives in your produce wash water? no yes – **identify the additive:**
- o Have you submitted a water test to PACS proving the source water meets Canadian Drinking Water Guidelines?
 no yes – **date the test was submitted to PACS:**
- o Date of the water test?
- o Describe your washing line and procedures:

Do you pack or package your produce? no yes

If yes:

- o Describe the packaging used (including the materials):
- o Describe the packing line and packing procedures:

Do you label your produce or packages? no yes (**Question #71 must be completed.**)

Do you have separate storage area(s) within your facility for packed products? no yes

If yes, describe:

67. Are any pest management devices or products used in or around this facility? yes no

If yes:

Who manages the protocols? They are managed in-house A contractor – **identify the contractor:**

Identify the devices used:

Identify any baits, lures or pest management chemicals used:

A pest control map of the facility is attached (**mandatory**).

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68.	<p>Describe the cleaning protocols and procedures used in your facility:</p> <p>In the table below, indicate cleaning products used and the areas and surfaces they are used on:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; padding: 5px;">What is cleaned (floor, food-contact surfaces, including hands and gloves)? If on equipment, identify equipment.</th> <th style="width: 20%; padding: 5px;">Exact Brand Name Include product number.</th> <th style="width: 20%; padding: 5px;">Documentation attached</th> <th style="width: 20%; padding: 5px;">Method used to ensure that cleaning agent is removed from food contact surfaces? Mention residue tests, if done. (if it is not a food contact surface put "n/a").</th> <th style="width: 15%; padding: 5px;">Is cleaning and removal of cleaning material documented? (if it is not a food contact surface put "n/a").</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a </td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a </td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a </td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="padding: 5px;"> <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a </td> </tr> </tbody> </table> <p>If more products must be listed, attach a separate sheet. <input type="checkbox"/> An extra page is attached.</p>	What is cleaned (floor, food-contact surfaces, including hands and gloves)? If on equipment, identify equipment.	Exact Brand Name Include product number.	Documentation attached	Method used to ensure that cleaning agent is removed from food contact surfaces? Mention residue tests, if done. (if it is not a food contact surface put "n/a").	Is cleaning and removal of cleaning material documented? (if it is not a food contact surface put "n/a").			<input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			<input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			<input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a			<input type="checkbox"/> Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a															
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69.	<p>Do you use any off-site bulk or packed product storage facilities? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, please provide the name and telephone number:</p> <p>Is this facility certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – request an Independent Storage Declaration form from PACS.</p> <p><input type="checkbox"/> I have asked each storage facility to complete and submit an Independent Storage Declaration to PACS.</p> <p><input type="checkbox"/> Independent Storage Declaration(s) attached.</p>																																								
70.	<p>Complete this chart for any permanent bulk storage facilities: <input type="checkbox"/> not applicable</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; padding: 5px;">ID #</th> <th style="width: 30%; padding: 5px;">Style and Capacity</th> <th style="width: 30%; padding: 5px;">Location</th> <th style="width: 15%; padding: 5px;">Volume and harvest year</th> <th style="width: 15%; padding: 5px;">Contents</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>If more space is required, attach an additional sheet. <input type="checkbox"/> An extra page is attached.</p>	ID #	Style and Capacity	Location	Volume and harvest year	Contents																																			
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71.	<p>Will your product(s) be labelled? <input type="checkbox"/> no <input type="checkbox"/> yes – NOTE: All labels for transitional and certified organic products must be submitted to PACS for approval <u>before</u> use.</p> <p>If yes:</p> <p>Who puts the labels on your products? <input type="checkbox"/> My enterprise <input type="checkbox"/> Retailer <input type="checkbox"/> Buyer <input type="checkbox"/> Packing house</p> <p><input type="checkbox"/> Other:</p> <p>Where (in what location or in whose facility) is the labelling applied?</p> <p>If anyone other than yourself might handle your product(s) or might package and/or label your product(s) prior to purchase by the end consumer, provide full details of the circumstances (If more space is required, use the NOTES section):</p> <p>What type of labelling is applied? <input type="checkbox"/> Bulk <input type="checkbox"/> Retail</p> <p>If retail, indicate all types of labelling used:</p> <p><input type="checkbox"/> Printed boxes <input type="checkbox"/> Printed bags <input type="checkbox"/> Bin or bag tags <input type="checkbox"/> Box labels <input type="checkbox"/> Stickers on product <input type="checkbox"/> Stickers on containers</p> <p>Other:</p>																																								

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72.	Who is responsible for the transportation of your produce? <input type="checkbox"/> Me <input type="checkbox"/> Buyer <input type="checkbox"/> Packer <input type="checkbox"/> Other (specify): Describe the transport method:
73.	If you are using rail cars for transporting grain, do you ensure the grain car is empty and clean before loading your grain into it? <input type="checkbox"/> not applicable <input type="checkbox"/> no – explain: <input type="checkbox"/> yes - describe how:
74.	Market(s) where your products are sold (check all that apply, including geographical locations): <input type="checkbox"/> Wholesale <input type="checkbox"/> Processor <input type="checkbox"/> within BC <input type="checkbox"/> CSA <input type="checkbox"/> Broker <input type="checkbox"/> in other province(s), except Quebec <input type="checkbox"/> Farm gate <input type="checkbox"/> Box delivery scheme <input type="checkbox"/> Quebec <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Restaurants <input type="checkbox"/> USA <input type="checkbox"/> Direct to a retailer <input type="checkbox"/> Other (specify): <input type="checkbox"/> International
75.	If you sell directly to a retailer, respond to the following: <input type="checkbox"/> not applicable Identify each retailer and their location(s): <input type="checkbox"/> my products are in their final packages when they arrive at the retailer's facility <input type="checkbox"/> my products are in temporary/intermediary packaging when they arrive at the retailer's facility.

I. 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:

- Split operation form
- Soil test
- Water potability test
- Farm map
- Letter from neighbour (buffer zone derogation)
- Independent Storage Statement
- Other management plans i.e. Greenhouse, Livestock, Poultry, Food Preparation
- Labels
- Other (specify):

You will be required to submit an application that updates this plan each year. Keep a copy of this Farm 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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J. 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).
- PACS Compliant applicant** - certification of agricultural products for sales only within my own province/territory (excluding BC) or certification for Natural Health Products or Cannabis (within Canada).
- BCCOP applicant** - certification of my products for sales only within British Columbia (BC Certified Organic Program – permits use of the BCCOP logo).
- 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

Signed: _____

Print Name: _____

Date: _____

Pacific Agricultural Certification Society

FIELD IDENTIFICATION AND LAND USE HISTORY SHEET

This form is to be used to identify fields and record the land use history for any new parcels of land under the management of a PACS applicant or existing certified operator. To complete the form electronically place cursor in grey boxes and enter responses. Additional rows are produced by the tab key when the last cell is completed OR attach another sheet of paper if space provided is insufficient. Grey-shaded areas are for office use only. This form must be accompanied by a Landowner Declaration form.

Date: (D/M/Y)	Your Name:	Enterprise Name:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Current PACS client adding land	For Office Use Only: Reviewed by: _____ Date: _____
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Complete the following table to identify all fields (organic or non-organic) that are being added to your certification scope.

Site Name <i>(if applicable)</i>	Field ID	Address/Location and Lot # <i>(legal land description)</i>	Acres <i>(specify if hectares)</i>	Ownership	Date of management	Applying for certification?	Previous use of field (including GMO crops) for past 36 months	All materials applied in last 36 months <i>(including fertilisers, pesticides, herbicides)</i>	Date substance applied	LOD
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				



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3402 32nd Ave. Vernon, BC V1T 2N1 phone 250-558-7927 fax 250-558-7947

admin@pacscertifiedorganic.ca

Website: www.pacscertifiedorganic.ca

LANDOWNER DECLARATION

This form is to be completed by the landowner (current/previous) of land for which organic certification has been requested.

Date: _____

I, _____, [name] am the previous/ current landowner of the property at _____ [civic address].

- This property is/was under my ownership for _ _ years and I have knowledge of all substances applied.
- The last application of fertilizers, pesticides and/or herbicides was _ _____ [name of input]
(A separate sheet is attached with a full list of inputs)
- The last date of application of the input was _ _ _____ [date]
- New treated fence posts had been installed on _ _ _____ [date]
- I have leased this property to _____ [PACS client] effective _____ [date].

Landowner's signature

Landowner's name printed



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NEIGHBOUR DECLARATION

This form is to be completed by the neighbour of land for which organic certification has been requested.

Date: _____

I, _____, [*neighbour's name*] am aware that
 _____, [*PACS client's name*] is managing the site at
 _____ [*address of site*] and is applying for organic status. I am
 his/her neighbour and my land adjoins his/her site on the _____ [*direction*] of field(s) at
 _____ [*field(s)/address*].

I agree to maintain a buffer of 8 metres (26.25 feet) between our properties and will ensure that this buffer:

- is not treated with herbicides, pesticides, rodenticides, or synthetic/chemical fertilizers
- is not exposed to any GMO crops/materials which may affect my neighbour's crop(s)

and

- I will inform my neighbour if anything changes to the above

Neighbour's signature

Neighbour's name printed