



# Pacific Agricultural Certification Society

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## Crop: *Renewal Plan*

Operators involved in crop production (vegetables, small fruits, large fruits, nuts, grains, forage, etc.) should use this form in years following submission of an INITIAL Organic Plan. If your operation includes crops grown to maturity in containers within greenhouses, or the production of sprouts, shoots or microgreens, please complete a Greenhouses, Sprouts & Microgreens Plan.

This form (formerly Farm Renewal) is to be completed for any crops grown for human consumption or organic feed for offsite sales only. Information for feed grown for onsite livestock within your organic operation will be captured in the Livestock Renewal Plan.

Please review the 2015 version of the Canadian Organic Standards and Permitted Substances List (CAN/CGSB-32.310 and 32.311) while completing this Renewal Plan. NOTE: These documents are on the PACS website: [www.pacscertifiedorganic.ca](http://www.pacscertifiedorganic.ca).

Please refer to your most recent PACS Certification Review Report when completing 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 can be printed and completed with a black ink pen. Do not use Google docs. If you run out of room, attach another file or sheet of paper. Keep a copy of this form for your records.

Enterprise Name (as you wish it to appear on your certificate):	PACS Client #: 16-	Date (dd/mm/yyyy):	<b>Office only:</b> Date: Reviewed by:
Primary Contact Information Name: Position: Tel: Email: Webpage:	Additional Contact(s) (if applicable) Name: Position: Email/ phone (if different): <input type="checkbox"/> Copy on all correspondence? Name: Position: Email/ phone (if different): <input type="checkbox"/> Copy on all correspondence?		
Mailing address, including municipality:	Inspection Site Location(s): <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Different (please specify): <input type="checkbox"/> Multiple Locations (list inspection sites below)		
Multiple Inspection Site Addresses (if applicable):			
Provide directions to farm location (if not found using address. Attach separate sheet if information cannot fit in this space):			
Is the farm or any of the land base listed above: <input type="checkbox"/> Currently for sale <input type="checkbox"/> To be put up for sale this year <input type="checkbox"/> Leased/under the management of someone else PACS must be notified of changes at the time of sale and/or change of management. Organic certification does not carry over to a new owner without notifying and making an application to the PACS office.			
<b>Additional Plans Completed:</b> <input type="checkbox"/> None <input type="checkbox"/> Livestock ( <input type="checkbox"/> Dairy <input type="checkbox"/> Meat ruminant <input type="checkbox"/> Poultry <input type="checkbox"/> Rabbit <input type="checkbox"/> Swine) <input type="checkbox"/> Preparation <input type="checkbox"/> Greenhouse/Microgreens			
<b>Income Category:</b> (See <a href="http://www.pacscertifiedorganic.ca/pacs_certified_organic_to_register_renewals.html">http://www.pacscertifiedorganic.ca/pacs_certified_organic_to_register_renewals.html</a> ) for income category breakdown. Note: This field is required and will be verified by the VO during your next inspection. See the PACS website for more details and information.			
<b>My products will be sold, or used as ingredients* in a product that will be sold, in the following jurisdictions:</b> <input type="checkbox"/> My own regional area <b>only</b> (will not cross any provincial/territorial border – includes Low Risk enterprises) <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> EU <input type="checkbox"/> International destinations: <i>*Ingredients such as grapes used to make wine that is sold out of province, or grain sold to a distributor with final sales outside of province/territory.</i>			
Please note the primary contact name, email, phone, & physical address provided above will be posted to our website and COABC's website unless otherwise specified. You give consent to PACS to send forms, certification documents, periodic newsletters and other notifications electronically (via email): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not have email			
<b>Please complete and return to the PACS office with a cheque, email transfer or money order as per your Renewal Fees invoice provided.</b>			

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A. CERTIFICATION INFORMATION								
1.	Do you have organic certification with any other <i>certification bodies</i> ? <input type="checkbox"/> no <input type="checkbox"/> yes Details: List current certification by other <i>agencies</i> : (i.e. Biodynamic, Canada GAP, Food Safe): <span style="float: right;"><input type="checkbox"/>not applicable</span>							
2.	List all crops and products in production this annual cycle: (Feel free to include your own attachment) <input type="checkbox"/> An extra page is attached.							
	Crop (include seedlings if selling starts)	Field ID	Status				Total Area (acres)	Projected Yield
			Organic	Conventional	Transitional	Buffer		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Which products are you requesting to be added to your certificate?  Which products are you requesting to be removed from your certificate?							
4.	In this annual cycle, will you sell any organic products which are <b>not</b> produced by your enterprise? (via CSA box program, on-farm retail, distribution) <input type="checkbox"/> no <input type="checkbox"/> yes Please provide details:							
5.	Are you growing non-organic crops? <input type="checkbox"/> no <input type="checkbox"/> yes Please provide details: <b>If yes</b> , are there any changes in the non-organic crops from last year? <input type="checkbox"/> no <input type="checkbox"/> yes Please provide details:							

B. OVERVIEW						
6.	Have there been any changes to your land base? <input type="checkbox"/> yes <span style="float: right;"><input type="checkbox"/>no - Skip to next section</span> <b>If yes:</b> Include updated map(s) of your farm <input type="checkbox"/> Map(s) attached Complete the following table for new production units that you wish to <b>add</b> to your certification program. Addition of new land to your organic land base requires a <i>Field Identification and Land Use History Sheet and Declaration(s)</i> . Please refer to the PACS website for appropriate forms. Select one: <input type="checkbox"/> I have attached the <i>Field Identification and Land Use History Sheet and Declaration(s)</i> <input type="checkbox"/> I have already sent to PACS the <i>Field Identification and Land Use History Sheet and Declaration(s)</i>					
	Site name	Field ID	Area (acres)	Civic address OR legal description (include municipality)	Status	Date control or ownership began
					<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
					<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
					<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
					<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
	Complete the following table for production units that you wish to <b>remove</b> from your certification program:					
	Site name	Field ID	Area (acres)	Date of removal	Other details	
	If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.					

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## C. ORGANIC PLAN UPDATE

7.	In the past 12 months, have there been any changes at your operation relative to:		
Item	Answer	If yes, explain	
Buffer zones or other isolation strategies (hedgerows, drainage ditches, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Buffer crops	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Neighbour declarations (these forms are available on the PACS website)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Your <b>Risk Management Plan</b> to prevent GMO contamination of:			
Crops:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Fields:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Crops in parallel production	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Use of treated seed (including inoculants) or pelletized seed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Soil maintenance & improvement strategies	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Cultivation techniques	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Orchard/vineyard floor management	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Irrigation system	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Farm equipment (additions or removals)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Greenhouse production of starts (transplants) for use on farm only	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit details of the changes and provide a current list of all soil media and fertigation inputs.	
Use or disposal of crop wastes, prunings etc.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Free-ranging livestock or poultry in organic cropping areas	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
On-farm composting and manure management	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit a detailed list of all sources of off-farm manure, crop wastes etc. ( <b>NOTE:</b> From each off-site producer, you must have documentation that the manure or crop wastes are compliant with the Canadian Organic Standards.)	
Plastic mulch, row covers or solarisation materials	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Treated posts in use or stockpiled	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated count of the number currently stockpiled, if it has changed.	
New fence posts, trellises or crop support structures installed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Give details of new materials purchased & installed.	
The source(s), quantity or quality of water on the farm	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Flood or drought conditions	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please describe:	

8.	Please complete the following table for <b>NEW</b> greenhouses added this year. <span style="float: right;"><input type="checkbox"/> <i>not applicable – skip to next question</i></span>		
<b>NOTE:</b> If your greenhouse uses containers to grow crops to maturity, or if you produce sprouts, shoots or microgreens, you <b>must</b> complete a Greenhouse Plan.			
<input type="checkbox"/> <b>Greenhouse Plan attached – skip to next section</b>			
Greenhouse ID	Area (ft <sup>2</sup> )	Used to grow seedlings/transplants	Identify crops grown to maturity in greenhouse
		<input type="checkbox"/> no <input type="checkbox"/> for own use only <input type="checkbox"/> for sale	<input type="checkbox"/> n/a
		<input type="checkbox"/> no <input type="checkbox"/> for own use only <input type="checkbox"/> for sale	<input type="checkbox"/> n/a
		<input type="checkbox"/> no <input type="checkbox"/> for own use only <input type="checkbox"/> for sale	<input type="checkbox"/> n/a

List all the ingredients in your soil mix and fertilizers for seedlings in the inputs table #9.

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9. List each separate source of **seeds (including cover crop seed)** or **annual or perennial rooting stock** purchased in the past 12 months:

Source/ supplier	Organic	Non-organic			Type of seed or planting stock		Planting Date (conventional root stock)	Documented search of 3 potential organic sources
		Un-treated	Non GMO	Treated	Seed type: Vegetable (V), Cover crop (C) Forage (F) or Grain (G)	Root stock type (specify)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n

If more space is required, attach a separate page.  **An extra page is attached.**

For each **non-organic** seed or planting stock purchased, you must have a documented search of 3 potential organic sources and evidence that they have not been treated with anything other than substances listed in Table 4.3 of **CAN/CGSB-32.311**. You must provide this documentation to the VO at the time of inspection.  I understand.

10. List any **NEW** inputs that have not been reviewed by PACS.  **No Changes to Inputs**

Include potting mixes and transplant inputs, fertilizers, pest control substances, manure (composted, raw, purchased), mulches (plastic, straw etc). See Permitted Substances List for details. **Note: Your most recent PACS Certification Review Report will have a complete list of products reviewed.**

Input	Brand Name/ Manufacturer	Crop(s) Applied to	Condition or reason for use	Input is on PSL Tables 4.2 / 4.3
<i>Example: Sulphur</i>	<i>Kumulus</i>	<i>Apples</i>	<i>mildew</i>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

If more space is required, attach a separate sheet.  **an extra page is attached**

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## D. HARVEST, POST-HARVEST, PREPARATION AND SANITATION

11. During the past 12 months, have there been any changes at your operation relative to:

Item	Answer	If yes, explain
Produce harvesting	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Post-harvest handling	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
On-farm processing (washing, sorting, bagging, boxing, freezing, drying grinding, blending, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	If yes, complete question 13 below.
On farm handling facility(ies)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated diagram
Facility pest management	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	If yes, provide full details of all traps and baits used and a map of the placement of all devices.
Facility cleaning & sanitation	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	If yes, complete question 14 below.
Production/harvest/storage/management contracted to another operation or third party	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Independent Storage Statement attached? <input type="checkbox"/> yes <input type="checkbox"/> no Third Party Service Provider form attached? <input type="checkbox"/> yes <input type="checkbox"/> no
Product transportation	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	

**Describe any additional changes to on-farm harvesting, preparation and sanitation not listed above:**

12. Please explain how you preserve organic integrity of your product during transport (i.e. boxed, palleted, plastic-wrapped)

13. **On Farm processing**  not applicable

Products made with multiple ingredients or off-farm ingredients, or processing that involves cooking or specialized machinery requires a Preparation Plan (formerly "FPP Plan").  Preparation Plan attached

Use the following chart to list and describe each product you process: (i.e. freezing strawberries, sun-drying tomatoes, drying and powdering herbs, drying and cleaning seeds etc.). This table is for simple processing only.

Product variety	Description of the steps in the processing of this product

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

14. **Cleaning & Sanitation**  No Changes

List any new cleaning products added in the past 12 months:

What food contact surfaces are cleaned (including hands and gloves)? If on equipment, identify equipment.	Product Name, Brand/ Manufacturer	Documentation attached	Documented Removal
		<input type="checkbox"/> Product Label or 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"/> Product Label or 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"/> Product Label or 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"/> Product Label or Spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a

If more products must be listed, attach a separate sheet.  An extra page is attached.

**Describe any additional changes to cleaning or sanitation products or procedures not covered above**

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E. LABELLING & SALES														
15.	Have there been any changes to product labels? <input type="checkbox"/> n/a – <b>no labels used – skip to #17</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> no  <input type="checkbox"/> yes                             </td> <td style="border: none; vertical-align: top;"> <b>If yes:</b>  <input type="checkbox"/> New labels are attached for approval  <input type="checkbox"/> I have Label Approvals from PACS for new labels  <input type="checkbox"/> Other- explain                             </td> </tr> </table>	<input type="checkbox"/> no <input type="checkbox"/> yes	<b>If yes:</b> <input type="checkbox"/> New labels are attached for approval <input type="checkbox"/> I have Label Approvals from PACS for new labels <input type="checkbox"/> Other- explain										
<input type="checkbox"/> no <input type="checkbox"/> yes	<b>If yes:</b> <input type="checkbox"/> New labels are attached for approval <input type="checkbox"/> I have Label Approvals from PACS for new labels <input type="checkbox"/> Other- explain													
16.	Have there been changes to whoever applies labels to your products?	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <input type="checkbox"/> yes <input type="checkbox"/> no                             </td> <td style="border: none; vertical-align: top;"> <b>Labels are applied by:</b>  <input type="checkbox"/> My enterprise only  <input type="checkbox"/> Other- explain                             </td> </tr> </table>	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Labels are applied by:</b> <input type="checkbox"/> My enterprise only <input type="checkbox"/> Other- explain										
<input type="checkbox"/> yes <input type="checkbox"/> no	<b>Labels are applied by:</b> <input type="checkbox"/> My enterprise only <input type="checkbox"/> Other- explain													
17.	Through what channels are your products currently sold? (check all that apply):													
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Wholesaler</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Processor</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Farmers' Markets</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> CSA</td> <td style="border: none;"><input type="checkbox"/> Broker</td> <td style="border: none;"><input type="checkbox"/> Restaurants</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Farm gate</td> <td style="border: none;"><input type="checkbox"/> Box delivery scheme</td> <td style="border: none;"><input type="checkbox"/> Direct to a retailer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Packing house</td> <td style="border: none;"><input type="checkbox"/> Other (<i>specify</i>):</td> <td></td> </tr> </table>		<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Processor	<input type="checkbox"/> Farmers' Markets	<input type="checkbox"/> CSA	<input type="checkbox"/> Broker	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Farm gate	<input type="checkbox"/> Box delivery scheme	<input type="checkbox"/> Direct to a retailer	<input type="checkbox"/> Packing house	<input type="checkbox"/> Other ( <i>specify</i> ):	
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Processor	<input type="checkbox"/> Farmers' Markets												
<input type="checkbox"/> CSA	<input type="checkbox"/> Broker	<input type="checkbox"/> Restaurants												
<input type="checkbox"/> Farm gate	<input type="checkbox"/> Box delivery scheme	<input type="checkbox"/> Direct to a retailer												
<input type="checkbox"/> Packing house	<input type="checkbox"/> Other ( <i>specify</i> ):													
18.	If you sell directly to a retailer, respond to the following: <span style="float: right;"><input type="checkbox"/> <b>not applicable – skip to #20</b></span> My products are in final packaging when they arrive at the retailer's facility <input type="checkbox"/> yes <input type="checkbox"/> no Details: My products are in temporary/intermediary packaging when they arrive at the retailer's facility. <input type="checkbox"/> yes <input type="checkbox"/> no Details:													
19.	For operations certified to the Canada Organic Regime, organic labelling cannot be applied to a product repacked by a retailer/third party who does not hold organic certification. My organic labelling is not applied by the retailer: <input type="checkbox"/> Not applicable - my operation is certified to the BCCO Program <input type="checkbox"/> true <input type="checkbox"/> false – explain													

F. RECORDKEEPING	
20.	Do you retain <b>all</b> records (inputs, production, preparation, sales and handling) for the minimum 5 years required under <b>CAN/CGSB-32-310</b> clause 4.4.5? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain</b> :
<b>Documents I maintain at my operation:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Harvest Records (planting &amp; harvest dates, sales records)</li> <li><input type="checkbox"/> Input records (application logs, purchase receipts, ingredients, Safety Data Sheets)</li> <li><input type="checkbox"/> Lease agreements</li> <li><input type="checkbox"/> Pest Control records</li> <li><input type="checkbox"/> Soil test</li> <li><input type="checkbox"/> Storage Records</li> <li><input type="checkbox"/> Transportation log</li> </ul> <p>I understand that I must have the above indicated documents available for my inspection where applicable <input type="checkbox"/></p>	
<b>Attachments I am including with this renewal application:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Farm map/diagram(s)</li> <li><input type="checkbox"/> Field Identification and Land Use History Sheet form</li> <li><input type="checkbox"/> Independent Storage Statement</li> <li><input type="checkbox"/> Manure Declaration</li> <li><input type="checkbox"/> Mulch Declaration</li> <li><input type="checkbox"/> Neighbour or Land-Owner Declaration form</li> <li><input type="checkbox"/> New Labels</li> <li><input type="checkbox"/> Private Label Agreement/Co-packing/Co-production agreements</li> <li><input type="checkbox"/> Split operation form</li> <li><input type="checkbox"/> Third Party Service Provider Agreement</li> <li><input type="checkbox"/> Water potability test for crop-washing water</li> <li><input type="checkbox"/> Other (<i>specify</i>):</li> </ul>	

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## G. ADDITIONAL INFORMATION

If there is any information you wish to share or that may provide assistance to the Certification Committee's review of your renewal application, please add the information here:

Remember to let the PACS office know whenever you make changes to your organic products. This includes changes in facility, management, recipes, ingredients, suppliers, labels and storage facilities. You may not market a product as organic until it has been evaluated by PACS and listed on your organic certificate.

**You are required to update your organic plan each year. Keep a copy of this Renewal Plan as a reference for updating in the future. This application is part of your organic records and must be kept with your other farm records.**

## H. 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: \_\_\_\_\_