



Pacific Agricultural Certification Society

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Compliance Attestation for Importation into Canada of NOP Certified Products

1. PACS Certified Operator/Handler information:

Name of PACS certified operation:			
Address & Phone Number:			
Operator's name and title:			
Authorized Signature for Enterprise (above)			Date

2. NOP Certified Enterprise information:

Business Name:			
Address:			
Country:			
Certification Agency:			
Certificate Number:			
Exact identity of all organic products supplied to PACS certified operator:	Product Name	Producer	Lot Number or ID

3. Producer's Attestation:

<input type="checkbox"/>	The agricultural crop products identified on this document have not been produced using hydroponic or aeroponic production methods.
<input type="checkbox"/>	The agricultural crop products identified on this document have not been produced using Chilean Nitrate (sodium nitrate).
<input type="checkbox"/>	I authorize my company's certifying body to release information confirming that our production methods comply with the terms of the US-Canada Organic Equivalency Arrangement.

OR

4. Processor/Handler's Attestation:

<input type="checkbox"/>	To the best of my knowledge, the processed products identified on this document have not been manufactured using ingredients which were produced using hydroponic or aeroponic production methods and I maintain documentation confirming this.
<input type="checkbox"/>	To the best of my knowledge, the processed products identified on this document have not been manufactured using ingredients which were grown using Chilean Nitrate (sodium nitrate) and I maintain documentation confirming this.
<input type="checkbox"/>	I authorize my company's certifying body to release information confirming that our products and their ingredients comply with the terms of the US-Canada Organic Equivalency Arrangement.

5. NOP Certified Operator' Signature:

I affirm that the information provided in this document is accurate, complete and true.

Authorized Signature for Enterprise (above)	Title	Date
Print Name		

6. Certifying Body's Attestation, Signature and Seal:

CB Name:		CB Seal
Address:		
Country:		
Contact Information:	Phone number:	email:
<p><i>I am an authorized agent of the certification body responsible for organic supervision of the NOP certified operator identified on this document. I confirm that the products identified on this document have been verified to conform with the terms of the US-Canada Organic Equivalency Arrangement (US-COR Equivalency).</i></p>		
Authorized Signature for CB	Title	Date
Print Name		