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| **1-General information** |
| Name of Applicant  |   |
| Address |   |
| Invoice Information |   |
| Tel / Fax / Mobile Phone |   |
| e-mail /website |   |
| Applicant contact person |   |
| Person authorized to sign |   | \***Signature** |   |
| Application Date  |   |

**\*This form should be signed by a duly authorized person.**

|  |  |
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| If there are companies that you own/partnership as a company or as person, please specify. | **YES [ ]  (specify;………………………………………………)** **NONE**  **[ ]**  |
| Please list the closed / unclosed sanctions you have received, within the scope of the same application as a Company or Person. | **YES [ ]  (specify;………………………………………………)** **NONE**  **[ ]**  |
| If you have ongoing projects with other control Body (CB), list them. | **YES [ ]  (specify;………………………………………………)** **NONE**  **[ ]**  |

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| **2-Certification seek for: Indicate which regulations you want to be certified** |
| 5262 (TR Organic) [ ]  | NOP [ ]  |
| IACB “Equivalent EC Regulation” [ ]  | Other [ ]  Which one: …………………….……… |
| **Scope of Certification** | **Regulation** |
| **Equivalent IACB** | **NOP** | **5262 (TR Organic)** | **Other:** |
| Unprosessed plant production,Organic crop production |   |   |   |   |
| Organic Livestock or unprocessed livestock products | Unavailable Scope | Unavailable Scope |   |   |
| Processed agricultural products as food |  |  |   |   |
| Processed agricultural products as feed |  |  |   |   |
| Propagation Material / Nursery (seedlings, young plant) |  |  |   |   |
| Wild collection |  |  |   |   |
| Beekeeping | Unavailable Scope | Unavailable Scope |   |   |
| Inputs for agriculture | Unavailable Scope | Unavailable Scope |   |   |
| Inputs for processing | Unavailable Scope | Unavailable Scope |   |   |
| Only trade, organic trade (Buy and sell certified products without processing) |   |   |   |   |
| **3-Please indicate if you seek for recertification** | **Yes [ ]  No** **[ ]**  |  |
|  |  |  |
| **4-Indicate the language that producers and processors able to communicate: In case there is no possibility to find inspector who is able to communicate with the local language, a translator should be provided by the applicant.**Turkish [ ]  English [ ]  French [ ]  Russian [ ]  Romanian [ ] Bulgarian [ ]  Arabic [ ]  Serbian [ ]  Persian [ ]  Other [ ]  Please indicate:…………….. |
| **5-** | **Scope of Certification: Mark the options certification deemed for** |  |
| A | Unprocessed plant products, organic crop production | [ ]  |
| B | Organic Livestock or unprocessed livestock products | [ ]  |
| C | Aquatic products | [ ]  |
| D | Processed agricultural products as food | [ ]  |
| E | Processed agricultural products as feed | [ ]  |
| F | Propagation Material / Nursery (seedlings, young plant) | [ ]  |
| G | Wild collection | [ ]  |
| H | Beekeeping | [ ]  |
| I | Inputs for agriculture | [ ]  |
| J | Inputs for processing | [ ]  |
| K | Only trade, organic trade (Buy and sell certified products without processing) | [ ]  |

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| **6-Certified material supply from other certified sources** **(Do not leave blank. Mark the appropriate choice in each line)** | YES | NO |
| a) We do not buy certified material from other suppliers. We produce ourselves. | [ ]  | [ ]  |
| b) We buy certified raw material and re-process in our facility or subcontracted facility. Related certificates are present for raw material we buy | [ ]  | [ ]  |
| c) We buy already final prepared product and sell, only trade: Related certificates are present for raw material we buy  | [ ]  | [ ]  |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **7- Relationship with Other Certification Bodies:** **Indicate below according to which regulation / standard you were certified** |  |
|  | **Regulation** |
|  | **Equivalent IACB** | **NOP** | **5262 (TR Organic)**  | **Other:** |
| Name of the Certifier |   |   |   |   |
| Certificates issued |   |   |   |   |
| Indicate if your application / certification was denied / refused / sanctioned |   |   |   |   |
| Explain reason of denial / sanction |   |   |   |   |
| Indicate corrective actions taken |   |   |   |   |

1. **PRODUCT PROCESSING**

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| **Applicable [ ]  Not Applicable [ ]**  |
| **8-** **Processing Activities Performed (Indicate YES for valid option)** |
| Type of process & handling  | Short description of process |
| Washing |   |
| Drying |   |
| Threshing |   |
| Cutting |   |
| Packing |   |
| Brine |   |
| Other **……………..** |   |
| Other **……………..** |   |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **9-Storage facilities and handling, type of packing material used for storing:**  |
| **How do you store your product?** | **[ ] Bulk [ ] Jute sacks [ ] Cardboard boxes [ ]  Plastic cases [ ] Other (…….………….):** |
| **You have the same storage facilities for organic products and / or conventional products** |   |
| **How is the storage area cleaned, explain:**  |   |
| **Do you use other farms stores, warehouses, silos? If yes mention the address:** |   |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **10-Processing and Handling Units (**Name and address where products are stored and processed, and what is processed) |
| **Name of Processing & Handling unit (enter each unit on a separate line) \*\*** | **Address** | **Type of process** (For example: Fermentation, Mixing, Washing, Packaging etc.) | **Which products are processed / stored** | **Production / storage capacity and number of employees** |
|   |   |   |   |   |
|   |   |   |   |   |

\*\*The applicant is responsible that the subcontracted units have agreed to be inspected by ETKO.

1. **PRODUCTION**

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| **11-Type of Production** |  |
| **A-Individual producer (In case of certification application for only one operator-Individual certification)** | [ ]  |
| **B-Producer group (a single application for a group of producers - group certification)** | [ ]  |
| **C- Wild Collection** | [ ]  |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **11-A - Individual Farms Indicate Production Areas for Organic & Conventional Production:** Indicate below table land measures, in case livestock how many animals, species. Please also fill in the columns for conventional land, premises not included for certification. The land, premise and equipment should be identified and they will be inspected by ETKO. | **Since which year this producer was certified** |
| **Name of all production place(land, production place, warehouse etc.) and address\*** | **Land measure (ha) or production number of animal / hive** | **Which products are produced** | **Total number of areas / animals to be certified** |
| Organic | Conventional | Organic  | Conventional |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

\*The applicant is responsible that the subcontracted units (if there is any producer) stated above have agreed to be inspected by ETKO.

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| **Applicable [ ]  Not Applicable [ ]**  |
| **11-B- Producer Group** (The information of each producer in the group should be entered on a separate line. If the number of products of the same manufacturer is more than one, each product should be entered on a separate line. It can be given as a separate list if necessary.) | **Since which year this producers were certified** |
| **Name of producer and address** | **Product Name** | **Production Method****(Organic, Conventional, Both)** | **Land measure (ha) or production number of animal / hive** |
| Organic | Conventional |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **11-C -Wild Collection** (For each location, fill in the blanks below) |
| **Name and address of the collection area** | **Approximate size of the region (hectare)** | **Name of crops collected in this region** | **Number of organizers in the region** | **Number of collectors in the region** | **Land declaration for last 3 years is available** |
|   |   |   |   |   |   |
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| **12- List of products to be certified (Should be filled in every application)** |  |  |
| **Name product\*** | **Name of the product in English or Latin to be displayed on the certificate for international programs** | **Approximate** **production quantity** **(ton)** | **Expected date of harvest (month)** | **CN Code** | **Origin** | **Regulation** |
| **Organic** | **Conventional\*\*** | **IACB** | **NOP** | **5262(TR Organic)**  | **Other:** |
|  |  |  |  |  |  |  |  |  |  |  |
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\* In cases of products which are made with multi ingredients, please ask the OP 01 F 13 Product Specification to be sent by ETKO. This form needs to be filled in and sent back to ETKO with this application.

\*\*If there is no conventional production, specify NO.

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| **Applicable [ ]  Not Applicable [ ]**  |
| **13-Propagation Material: Indicate name crop and propagation material used (such as corn seeds, strawberry seedling etc.). Put X in the relevant columns and write the amount to be used in the last column.** |
| **Name crop** | **Own organic produce** | **Bought organic produce** | **Bought conventional untreated** | **Bought conventional treated** | **Quantity to be Used** |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| **Applicable [ ]  Not Applicable [ ]**  |
| **14-Soil Fertility:** Indicate only for the actual year |
| **Crop / Name of fertilizer** | **Fermented manure**  | **Compost** | **Mineral fertilizer** | **Other** **(Indicate: ……………)** | **Other (Indicate:…………….)** |
| **ha** | **ton** | **ha** | **ton** | **ha** | **ton** | **ha** | **ton** | **ha** | **ton** |
|   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |
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| **Applicable [ ]  Not Applicable [ ]**  |
| **15-Pest, Disease Management and Weed Control (Indicate YES for valid option)** |
| **Method applied** | **Pest management**  | **Disease management** | **Weed Control** |
| Biological methods |   |   |   |
| Mechanical control |   |   |   |
| No control is required |   |   |   |
| Pesticide / Herbicide use |   |   |   |
| Intercropping |   |   |   |
| Crop rotation |   |   |   |
| Pheromone / Traps |   |   |   |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **16-Animal husbandry: Indicate the number and type of animal: Indicate YES for valid option** |
| **Type** | **Number of animals** | **Feeding is done fully own produce** | **Part of the feed material bought**  |
| Cattle |   |   |   |
| Dairy cows |   |   |   |
| Sheep |   |   |   |
| Goat |   |   |   |
| Beehives |   |   |   |
| Poultry |   |   |   |
| Other………………. |   |   |   |

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| **Applicable [ ]  Not Applicable [ ]**  |
| **17-Parallel Production:**  |
| **17.1 Parallel Plant Production (Check for compliance IACB 6.3.1)** Indicate if you have parallel production for perennial crops which cultivation period covers minimum 3 years. Parallel production means a producer may run organic and non-organic production units in the same area. If YES complete following table:**IMPORTANT: Parallel Cropping is not allowed for Annual Crops**  |
| **Crops** | **Varieties** | **Area (ha)** | **Harvesting date** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Applicable [ ]  Not Applicable [ ]**  |
| **17.2-Parallel Livestock.**  |
| Type of livestock | Number of livestock | The rearing area is separate | Non-organic animal is kept in organic pasturage | Organic animal is kept in a common land | During transfer when they move organic animal is kept in non-organic land |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |
|   |   |   |   |   |   |
| **Applicable [ ]  Not Applicable [ ]**  |
| **17.3 Parallel Beekeeping:** For any climatic, geographical or structural constraints and, for the purpose of pollination actions an operator may run organic and non-organic beekeeping units on the same holding provided that all the requirements of the organic production rules are fulfilled, with the exception of the provisions for the siting of the apiaries. If this is the case complete following table: |
| **Number of hives** | **Reason of parallel production** | **Expected harvest time** | **Estimated quantity of products** |
|   |   |   |   |
|   |   |   |   |
|  |  |  |  |
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| **18** | **The documents listed below should be prepared before inspection and sent to ETKO with the contract. Mark the presence (Yes) or absence (No) of these documents in the side column.** | **Yes / No** |
| 1 | The last control report if the enterprise has worked with another control body  |   |
| 2 | A valid Chamber of Commerce registration document or comparable for the applicant |   |
| 3 | Document showing the name of authorized person and his/her position |   |
| 4 | Producer & processor & store lists and agreements |   |
| 5 | Detailed and general maps, parcel numbers. |   |
| 6 | Agreements made with subcontracted processors |   |
| 7 | Process settlement plan and product process flow charts |   |
| 8 | Name of Food additives or processing aids list (if valid) |   |
| 9 | GMO Free Declaration (if valid) |   |
| 10 | If valid, name of the certified inputs (Fertilizer, protection product, fodder etc.) |   |
| 11 | Ownership documents of the fields, rental agreement, Title Dees something comparable. |   |
| 12 | Farm / Processing facility registration document |   |
| 13 | Organic system plan |   |

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| **19-Checklist:** Please check following points and make sure they are all in place before you make this application. |
| a)Do you have those mentioned Regulations in your operation? YES [ ]  NO [ ]  |
| b)Did you check carefully your products are in compliance with those mentioned Regulations?  YES [ ]  NO [ ]  |
| c)Did you identify any breach of the Regulations related to your products, ingredients etc.?  YES [ ]  NO [ ]  |
| d)Did you take corrective measures in case you identified any problems with your products for compliance?  YES [ ]  NO [ ]  |
| e)Do you guarantee your products are in compliance with the mentioned Regulations above?  YES [ ]  NO [ ]  |
| f)Did you set up your Quality Management System and system in compliance with the mentioned Regulations /Standards? If not prepared yet, you must provide minimum “Organic Compliance Plan” during the application phase.  YES [ ]  NO [ ]  |

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| **20-Omission activities from inspection:**  |
| Do you have any production which is certified by another accredited certifier? If yes, please indicate which production area: ………………………………………….. YES [ ]  NO [ ]  |
| Did you receive any nonconformity from the other certifier? YES [ ]  NO [ ]  |
| Are the non-compliances closed? YES [ ]  NO [ ]  |
| Name of the other certifier |   |
| Last date of inspection |   |
| Please indicate clearly which part of your operation and the products certified by other certifier. |   |
| **21- RULE TO BE FOLLOWED by The OPERATOR** |
| -By submitting this application for certification, the applicant acknowledges that he/she must comply with the applicable organic production and handling standards as defined by the 834/2007 & 889/2008 (Art.63) and / or Equivalence to Reg. 834/2007 and 889/2008 (point A.5.6.) and / or USDA National Organic Program, Final Rule and must submit an organic production and handling system plan according to the requirements outlined in §205.201 of the NOP Final Rule. [ ]  5262 (TR Organik) [ ]  Equivalent IACB [ ]  NOP [ ]  Other(please specify)-The applicant may withdraw the application prior to issuance of a notice of non-compliance and in this case will neither receive a notice of non-compliance nor a denial of certification. However, the applicant still must bear all costs for all services that have been delivered until the withdrawal.-If the application for certification is accepted, the applicant must sign the ETKO inspection contract in which all deeds and obligations are specified before the inspection and certification procedure can be continued. |

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| **22-** **EXPLAIN YOUR OPERATION YOU APPLY TO ETKO FOR CERTIFICATION:** |
|   |