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**FORMAT FOR INITIAL APPLICATION**

**Regenerative Organic Certified™ (ROC™) program**

|  |
| --- |
| Kindly complete the form, sign the client declaration and return it to your contact person.  Based on the below information, CUC will draw up a non-obligatory offer for you. |

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| **Client details /relation name for financials/** | |
| Organisation Name |  |
| Address |  |
| Postcode / Zip code |  |
| City |  |
| Country |  |
| Office Contact No. |  |
| Office Fax no. |  |
| VAT No, if applicable |  |

|  |  |
| --- | --- |
| **Contact person** | |
| Contact’s Name |  |
| Position / title |  |
| Office Direct Line No. |  |
| Mobile No. |  |
| E-mail Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Select the relevant pillars** | | | |
| Soil Health and Land Management |  | Social Fairness |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Baseline certifications already possessed[[1]](#footnote-1)** | | | | |
| Soil Health and Land Management | USDA NOP |  | International equivalent standard |  |
| Certifying agent |  | Certificate/ID number |  |
| Social Fairness | Approved certification | |  | |
| Certifying agent |  | Certificate/ID number |  |

**OPERATION SPECIFIC INFORMATION**

1. **Product(s)**

|  |
| --- |
| **Describe the product(s) you wish to certify** |
|  |
|  |
|  |
|  |

1. **Production facility(ies)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe your production facility(ies)** | | | |
| Name and address of the unit | Size (ha) | Is it a small farm group? (Yes/No) | Nr. of farmers within the small farm group |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Processing facility(ies)**

|  |  |  |
| --- | --- | --- |
| **Describe your production facility(ies)** | | |
| Name and address of the unit | Type of process  (washing, cutting, selection, packing, export, etc.) | Period of activity |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**CLIENT DECLARATION**

|  |  |
| --- | --- |
| **Undersigned declares to have completed this Application Form truthfully.** | |
| Name |  |
| Position |  |
| Signature |  |
| Date |  |

1. <https://regenorganic.org/wp-content/uploads/2021/03/ROC_QMS_REF_AEA_v2.pdf> [↑](#footnote-ref-1)