



Ref No:	<b>NF</b>
Date of enquiry	
Date Recd:	
Additional Info required.	
Previous CB	
Papers from Previous CB	
Accepted & Quoted:	
Quotation accepted	
Logged on:	
Assigned to:	
Date Assigned:	
Date Inspected:	

# Non-Food Certification Co

## APPLICATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

**THIS APPLICATION MUST BE SIGNED AND DATED**

Please post or Fax to the **Organic Food Federation**  
 31, Turbine Way, Eco-Tech Business Park, Swaffham, Norfolk PE37 7XD  
 Tel: 01760 720444 Fax: 01760 720790

Document No:	Revision No:	Issue Date:	Issued By:	Page No.
508	01	12/09/07	JW	1 of 7

**1. COMPANY DETAILS**

Name of Company:	
Trading Name (if different)	
Type of Business:	Partnership <input type="checkbox"/> Limited Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Plc <input type="checkbox"/>
Ultimate Holding Company (if any)	
Name and Address of Premises to be registered:	
Tel:	Fax:
E-mail:	
Address for Correspondence (if different):	
Tel:	Fax:
Name of person responsible for Organic Production & Sales:	
Name of Chief Executive (if different):	
Financial Year:	
Annual Turnover: (not used for fee calculation)	£
No of Employees (staff and operatives) involved with organic production	
Have you been certified by another certification body? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>If yes</b> , what body?	
When did certification cease.	
Have you been refused certification by another certification body? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>If yes</b> , what body?	
Are there any prosecutions pending, current or recent (within the last 12 months) that may have a bearing on your application for organic certification. YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please include full written detail on separate sheet.	

**NB:** If you are changing your certification from another body to the N.F.C.C, you **MUST** contact your present certifier to request that they forward your files to NFCC. The Federation reserves the right to contact DEFRA\* to clarify whether there has been any prohibition of organic activities

*\*Department for Environment Food and Rural Affairs.*

## 2. Plant Description

Site Area: sq metres

Processing Area: sq metres

Stores Area: Ambient: sq metres  
Cold: sq metres  
Storage: sq metres  
Chilled: sq metres

Please sketch here or on a separate sheet an approximate plan of the production facility, showing production, storage, packaging, distribution and office areas separately. Please give approximate areas in sq metres and positions of main exits.

Document No:	Revision No:	Issue Date:	Issued By:	Page No.
508	1	12/09/07	JW	3 of 7



## 4. Records

Our inspector will want to see how you keep organic ingredients and products separated from non-organic ones and records showing the total outputs of organic products matches usage of organic ingredients. However it will help him/her to prepare for the inspection if you provide the following information.

4.1. Are organic ingredients stored separately from non-organic ingredients	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.2. If not, are they clearly marked so that there can be no confusion?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.5. Describe your Quality Control Procedures:	YES	NO
Do you have documented raw material specifications?	<input type="checkbox"/>	<input type="checkbox"/>
Do you check all Raw Materials against specification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented product Specifications?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a HACCP for each of your product types?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented Quality Control Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have documented Sanitation Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an Analytical Laboratory on site?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Microbiological Laboratory on site?	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Pest Control & Hygiene

5.1 Name of Pest Contractor:

5.2 Details of Rodent treatments:

5.3 Details of other Pest Treatments:

5.3 Details of Hygiene Procedures:

5.4 Cleaning Chemicals Used:

## 6. General Environment

### Packaging Materials used:

Immediate Wrap:

Re-cycled content:

Secondary Packaging:      Recyclable?    YES        NO   

Re-cycled content:

Transit Packaging      Recyclable?    YES        NO   

Re-cycled content:

Recyclable?    YES        NO   

Other Relevant Environmental Procedures:

### 6.2 Do you sell / propose to sell organic products:

	YES	NO
Under your own brand	<input type="checkbox"/>	<input type="checkbox"/>
Under Customers' brand/s	<input type="checkbox"/>	<input type="checkbox"/>
As ingredients for further processing	<input type="checkbox"/>	<input type="checkbox"/>
For Domestic market	<input type="checkbox"/>	<input type="checkbox"/>
For export*	<input type="checkbox"/>	<input type="checkbox"/>

\* If intending to export organic products to the USA, you are reminded that the product has to comply in full with the USDA/National Organic Program (NOP) Standards; these are available on request from the Organic Food Federation

## UNDERTAKING

In the event of being accepted into Non-Food Certification Co. Certification (NFCC) Scheme for the production of organic food and being granted a Certificate of Conformity as an approved producer, I/we undertake to:

- a) Abide by the appropriate Section(s) of NFCC Standards for Organic Food Production as amended from time to time by them
- b) Abide by the Regulations of the Certification Scheme as amended from time to time by NFCC
- c) Pay all fees and costs related to the Scheme as determined by NFCC
- d) Provide site access during normal working hours to inspectors authorised by NFCC for the purpose of carrying out surveillance inspections on production operations which are subject to a Certificate of Conformity
- e) The Applicant agrees, if accepted into the NFCC Certification Scheme, to give one year's notice in the event of wishing to withdraw from the scheme.

Signed: .....

Print Name: .....

Company: .....

Position .....

Date: .....

(This section must be completed in order to proceed with the assessment inspection.)

**NOTE:** We are asked from time to time to provide lists of organic operators to third parties seeking suppliers or potential customers. Please indicate if you do NOT wish your company to be included on any such lists by ticking the box.

Document No:	Revision No:	Issue Date:	Issued By:	Page No.
508	1	12/09/07	JW	7 of 7