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**APPLICATION TO THE DEPARTMENT OF AGRICULTURE FOOD & THE MARINE
(DAFM) FOR REGISTRATION AS AN ORGANIC OPERATOR***

**Part 1 to be completed and signed by the applicant and forwarded to the Approved
Inspection Body nominated at 3 below.**

Part 1: Details of Applicant: (please use block letters)

Contact Name: _____
(Legal entity: individual, company, friendly society or partnership)
Address: _____ Phone: _____
E-mail Address: _____ Website: _____ Fax: _____

Personal Public Service No. (PPSN) _____

****Herd No./Reference No.** _____ *(Quote same No. used for BPS declaration where applicable)*

Company Registration No. _____ *(Where applicable)*

If in land based farming, are you in **OFS** YES NO

OFS Planner Name & Address: _____ OFS Planner Phone No: _____

Nature of operations and products:

I am/will be carrying out the following operations involving organic products: *(tick as appropriate)*

- a) Farming Production: (incl. packing and initial labeling carried out on the holding).
- b) Aquaculture Production:(incl fish & Seaweed)
- c) Preparation: other than at a or b(including importing with EU, processing, storage & distribution).
- d) Importing directly from 3rd Countries:

Declarations:

- I hereby undertake to carry out my operations in accordance with Council Regulation (EC) No. 2018/848 as amended.
- I confirm that products, the use of which is not compatible with Council Regulation (EC) No. 2018/848 as amended were last applied on the areas which are for conversion on Date:
____/____/____.
- I nominate _____ (Control Body) to inspect and certify my organic activities.
- I hereby make application to the Department of Agriculture to be registered as an organic operator in accordance with Council Regulation (EC) No. 2018/848 as amended.
- I will provide, on request, the information required in Part 2 and any other information necessary to enable the approved inspection body to complete Part 3.

I hereby certify that the information provided in relation to this application is truthful and correct.

Signature: _____ **Date:** _____
of applicant or on behalf of applicant named above.

****For land based production, a two-year in conversion period must take place
**Herd/Flock/Cereal number must be supplied where applicable.
Incomplete / illegible forms will be returned to your OCB.***

Approved Inspection Body nominated by applicant to complete Part 2 and Part 3

Part 2: Organic Certification Body's summary report of holding:

- 1. Farm Production:
- 2. Preparation Unit other than at 1 or 4
- 3. Importing directly from 3rd Countries:
- 4. Aquaculture

Address of 1, 2, 3, 4 above (Block Caps):

Phone Numbers:

Work: _____

Mobile: _____

<u>Details of Area usage of total production holding (Area-Ha. Aqua-m2)</u>				
Total Area	Fully Organic	In-conversion	Conventional	Other
<u>Details of Production Programme for Organic production unit (Area-Ha. Aqua-m2)</u>				
Grass/Forage	Cereal/Fodder Crop	Horticulture	Aquaculture (area & tonnage live weight)	Other
<u>Licensed activities:</u>				
<p><u>Crops:</u> Cereals, Potatoes, Vegetables, Top fruit, Soft fruit, Salad etc. <u>Products:</u> wheat flour, biscuits, etc. <u>Livestock:</u> cattle, sheep, pigs, poultry etc. <u>Products:</u> beef, lamb, pork, milk, eggs, cheese, chicken, turkey etc <u>Aquaculture Products:</u> Seaweed, Fish - <u>Give exact categories as set out in part I-X, Annex II of Commission Implementing Regulation (EU) 2020/464, Other:</u> short-term rent (conacre)</p>				

Part 3. Certification of Approved Inspection Body:

Date Application recd: _____ Operator Licence Number: _____

Commencement Date of Licence: _____

I hereby certify on behalf of _____ (OCB Name) + IE-ORG-____-EU, that the operations of the applicant named overleaf have been inspected and assessed in accordance with Council Regulation (EC) No. 2018/848 and that the applicant is eligible for entry on the register of organic operators held by the Department of Agriculture, Food & The Marine.

Signature: _____ Date: _____
On behalf of the approved inspection body named above.

***Incomplete forms will be returned to the relevant OCB.
Herd No must be supplied where livestock is involved.***

<u>Return completed form Org 1 to: Organic Unit, DAFM, Johnstown Castle, Co. Wexford</u>	
DAFM Signature: _____	Date: _____