

# Irish Organic Farmers and Growers Association Ltd



The processing site			
Contact name		Address	
Job title			
Company			
Email		County	
Telephone			
Mobile		Fax	
Please attach a plan of your site that shows all areas of organic production and handling			

Please indicate what type of business your company is:			
Sole trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Limited company	<input type="checkbox"/>
Other (please state)			Company Registration number:

## Your products and enterprises

Please tick all that apply

enterprises	Organic	Non organic	enterprises	Organic	Non organic	enterprises	Organic	Non organic
Brandholder	<input type="checkbox"/>	<input type="checkbox"/>	Distribution	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>	<input type="checkbox"/>
Bottling	<input type="checkbox"/>	<input type="checkbox"/>	Importing (from EU)	<input type="checkbox"/>	<input type="checkbox"/>	Packing or repacking	<input type="checkbox"/>	<input type="checkbox"/>
Contract manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Importing (outside EU)	<input type="checkbox"/>	<input type="checkbox"/>	Warehousing	<input type="checkbox"/>	<input type="checkbox"/>
Contract packing	<input type="checkbox"/>	<input type="checkbox"/>	Labelling or relabelling	<input type="checkbox"/>	<input type="checkbox"/>	Wholesaling	<input type="checkbox"/>	<input type="checkbox"/>
Other							<input type="checkbox"/>	<input type="checkbox"/>

**What types of products are you applying for certification for?** (you must ensure that your products meet all statutory requirements such as EC Cosmetic Directive and PIPs)

For example: essential oils, oil blends, skin care, hair care products

**Product specification forms and labels** please complete specification forms for all the products that you want to be certified, and submit them with this application form along with draft labels for each product. If you are using any non-organic ingredients, you may need to complete a non-GMO declaration for them

How many multi ingredient specification forms have you enclosed?

How many single ingredient specification forms have you enclosed?

Have you attached draft labels ? (if no, these can be submitted at a later date, but we will not be able to approve your products until we have approved the labels)

yes  no

How many non-GMO declarations have you enclosed with this application?

## Your operating and organic integrity procedures

### The production process

Please detail your production process, (continue on a separate sheet or attach sheets if necessary)

**Separation of organic and non organic goods**

If not applicable move to next section

Please briefly detail your procedures to ensure that organic and non-organic products are clearly identifiable and separate during transport, unloading, storage, processing and dispatching (continue on a separate sheet or attach sheets if necessary)

**Cleaning and hygiene**

Please briefly detail your cleaning procedures (continue on a separate sheet or attach sheets if necessary)

**Pest control**

Please briefly detail your pests control procedures, including use of bait stations, treatments and fumigation and pest control contractor or fumigation company if relevant. (continue on a separate sheet or attach sheets if necessary)

**Your declaration and customer service**

**Declaration**

- § To the best of my/our knowledge, all the information supplied in this application is accurate
- § I/we have full management control of all land and enterprises detailed in this application
- § I/we have read and agree to comply with the IOFGA Standards for Organic Food and Farming in Ireland and any future updates

Do you have any other company contacts that can make decisions regarding your organic licence (if yes please provide details)		<input type="checkbox"/> yes <input type="checkbox"/> no	
Please tick if you have ever had organic certification denied or revoked			<input type="checkbox"/>
Signature		Date	

<b>Customer service</b>			
To improve our customer service we welcome your feedback. Please take a few minutes to complete the questions below.			
<b>Where did you find out about IOFGA?</b>			
At a show or event (please state)	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>
		Previously licensed	<input type="checkbox"/>
Media (please state)	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
<b>Why did you choose us for organic certification?</b>			
IOFGA symbol on products	<input type="checkbox"/>	Recommendation by associate	<input type="checkbox"/>
		Customer/retailer preference	<input type="checkbox"/>
		Not for profit	<input type="checkbox"/>
marketing opportunities	<input type="checkbox"/>	certification integrity	<input type="checkbox"/>
		Technical support	<input type="checkbox"/>
		Other (please state)	
<b>Did you find this application form easy to understand?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Were there any sections that need to be clearer?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<a href="#">If yes, please detail here</a>			
<b>Could any part of the application process be made easier for you?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<a href="#">If yes, please detail here</a>			
<b>Do you have any comments regarding the service you have received from us to date?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<a href="#">If yes, please detail here</a>			