

	<b>BUREAU OF AGRICULTURE AND FISHERIES STANDARDS</b> <b>Control of Documented Information</b> Quality Form <b>Application Form for Official Accreditation of Organic Certifying Body</b>	<b>BAFS-QP-OAD-AS-F01</b> Revision 0
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<b>INSTRUCTIONS</b> 1. Type or print all entries in BLOCK or CAPITAL LETTERS. 2. Submit this form and present at least one (1) valid ID. 3. Mark all appropriate boxes with an "X". 4. Fill in all applicable spaces. Put N/A if not applicable or NONE if there is nothing to declare.	<i>To be filled up by OAS personnel</i>  Application Tracking Number (ATN)
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Date: \_\_\_\_\_

To: **MYER G. MULA, Ph.D.**  
*OIC-Director*  
Bureau of Agriculture and Fisheries Standards (BAFS)  
BPI Compound, Visayas Avenue, Diliman, Quezon City 1101, Philippines

We wish to apply for **ORGANIC CERTIFYING BODY OFFICIAL ACCREDITATION**.

**A. Certifying Body Information**

<b>SEC Registered Company Name</b>  <b>Type of Organization</b> <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; text-align: center;"><input type="checkbox"/></td><td>Single Proprietorship</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Partnership</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Corporation</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Government</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other (please specify): _____</td></tr> </table>	<input type="checkbox"/>	Single Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Government	<input type="checkbox"/>	Other (please specify): _____	<b>Permanent Address - Main Office (1)</b> Street City, State/Province Postal/Zip Code Country Telephone No. Facsimile No. SEC Registration No. Place of Registration Tax Identification No.      Date
<input type="checkbox"/>	Single Proprietorship										
<input type="checkbox"/>	Partnership										
<input type="checkbox"/>	Corporation										
<input type="checkbox"/>	Government										
<input type="checkbox"/>	Other (please specify): _____										

Branch (2), if any: (Please check activities being undertaken by each branch or other offices, use additional sheet if necessary) <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:20px; text-align: center;"><input type="checkbox"/></td><td>process and/or procedure development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>contract review</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>planning certification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>review of the results of certification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>approval of the results of certification</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>decision on the results of certification</td></tr> </table>	<input type="checkbox"/>	process and/or procedure development	<input type="checkbox"/>	contract review	<input type="checkbox"/>	planning certification	<input type="checkbox"/>	review of the results of certification	<input type="checkbox"/>	approval of the results of certification	<input type="checkbox"/>	decision on the results of certification	<b>Branch Details (2)</b> Address:  Telephone No. Facsimile No. Contact Person:  For other branches, if any, use a separate sheet to include their contact details.
<input type="checkbox"/>	process and/or procedure development												
<input type="checkbox"/>	contract review												
<input type="checkbox"/>	planning certification												
<input type="checkbox"/>	review of the results of certification												
<input type="checkbox"/>	approval of the results of certification												
<input type="checkbox"/>	decision on the results of certification												

Affiliation with a larger entity, if any:  
(Please describe the extent of relationship of the OCB with the larger entity. Provide additional sheet, if applicable.)

**B. Management Representative**

Name		Designation	
Telephone No.		Facsimile No.	
E-mail address	<i>Attach the Corporate/Board Secretary's Certificate</i>		
TIN No.			

**C. Employees' General Information**

Number of employees:

<input type="checkbox"/>	Administrative
<input type="checkbox"/>	Technical
<input type="checkbox"/>	Inspectors
<input type="checkbox"/>	Others (Please define name, address and scope of function/s in a separate sheet)
<input type="checkbox"/>	TOTAL

**D. Proposed Scope of Official Accreditation Application**

Geographical Scope:

- Nationwide (Luzon, Visayas and Mindanao)
- Luzon
- Visayas
- Mindanao
- Region/s (please specify):  
\_\_\_\_\_

Certification Scheme:

- Crop Production (CP)
- Animal Production (AP)
- Special Products (Wild harvesting and mushroom production) (SP-WH; SP-MP)
- Processing (Pr)
- Aquaculture (Aq)
- Inputs (please tick applicable sub-scopes below):
  - General (AI-Gen)
  - Aquaculture Feeds (AI-AqF)
  - Organic Soil Amendments (AI-OSA)
  - Organic Biocontrol Agents (AI-OBCA)
  - Recognition of non-PNS organic certificate

1. Crop Production - For production of unprocessed plant produce: primary and post-harvest agricultural products of plant origin intended for food.
2. Animal Production - For production of live animals or unprocessed animal produce: primary and post-harvest agricultural products of animal origin intended for food; including beekeeping
3. Special Products (Wild harvesting and mushroom production) - For production of cultivated mushrooms and herbs; and plants or portions of plants, mushrooms, and honey that are collected or harvested from defined sites which are maintained in a natural state and are not cultivated or otherwise managed
4. Processing - For processing and prepackaging of agricultural and fishery products for use as food
5. Aquaculture - For production of primary and post-harvest fishery products intended for food
6. Inputs
  - 6.a General - For production of organic materials allowed for organic agriculture production and processing such as seeds, plant propagation materials and stocks
  - 6.b Aquaculture Feeds - For production of organic aquaculture feeds, either farm-made or commercial, for culture of aquatic animals such as fish and crustaceans
  - 6.c Organic Soil Amendment - For production of organic soil amendments
  - 6.d Organic Biocontrol Agents - For production of organic biocontrol agents
7. Recognition of non-PNS organic certificate - For products third party certified using other organic standards validated equivalent to the applicable PNS for organic agriculture

**E. Affiliation (Local/International)**

Name of Organization	Type of Affiliation	Validity of Affiliation

**F. ISO/IEC 17065:2012 Accreditation Details (if applicable)**

Accreditation Body:		Date of Issuance:	
Certificate Reg. Number:		Valid Until:	
Address of AB:			
Scope of Accreditation:	Attach a certified true copy of Accreditation Certificate.		

**G. Accreditation being maintained or applied for local or foreign Accreditation Body other than DA-BAFS Official Accreditation (if applicable only)**

Name of Accreditation Body	Scope of Accreditation	Duration of Validity

**H. Name of Certified Organic Producers/Processors/Retailers**

(Please attach additional sheets if necessary)

Name of Certified Producers/ Processors/ Retailers	Scope of Certification	Duration of Validity	Date of Annual Inspection

**I. Pool of Inspectors**

(Please attach additional sheets if necessary)

Name	Registration Body	Certification no. issued by CB	Trainings attended

**J. Subcontracted Accredited Testing Laboratories**

(Please attach additional sheets if necessary)

Name	Registration Body	Certification No. issued by CB	Scope

**K. Conforme**

We attest that the information given above is true and correct.

We understand that our certification activities shall be evaluated against the following applicable policies and standards:

1. Revised Guidelines for the Official Accreditation of Organic Certifying Bodies (D.C. No. 01, Series of 2018)
2. Philippine National Standards for Organic Agriculture
3. Philippine National Standards for Organic Aquaculture
4. Philippine National Standards for Organic Soil Amendments
5. National List of Permitted Substances for Organic Agriculture (D.C. No. 09, Series of 2020)
6. Other applicable Philippine National Standards and technical regulations relevant to organic agriculture

**Declaration:**

It is understood that, I, the undersigned gives the BAFS and the National Committee for Official Accreditation of Organic Certifying Body (NCOA-OCB) rights to check, verify, and evaluate the submitted documents for our application of official accreditation. The BAFS and the NCOA-OCB, as the recipients and evaluators, shall not disclose in any manner or form, whatsoever; provided, however, that the BAFS may disclose the confidential information only to those of the BAFS representative/s who need to know such information for the sole purpose of checking, verifying, and evaluating the application for official accreditation, who agree to keep such information confidential.

This CONFORME section signifies our full agreement to the aforementioned conditions.

Signature Over Printed Name \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: Please sign on all the pages of the application form.*

Please submit this form with the required documents to BAFS Accreditation Section. For queries, you may call  
Telefax No.: **(+632) 8254-0282**, DA Trunkline No.: **(+632) 8273-2474 loc. 3318** or send an e-mail to **accreditation.bafs@gmail.com**.

**Checklist of Documentary Requirements:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Updated Organizational profile   |
| <input type="checkbox"/> | Certified True Copy of the SEC Certificate of Registration with the Articles of Incorporation and latest by-laws |
| <input type="checkbox"/> | Certified True Copy of latest General Information Sheet (GIS) by the SEC   |
| <input type="checkbox"/> | Copy of Operations Manual including procedures and checklists on Organic Agriculture                             |
| <input type="checkbox"/> | List of Inspectors with their approved scope/s   |
| <input type="checkbox"/> | List of certified organic operators compliant with applicable PNS relevant to Organic Agriculture, if applicable |
| <input type="checkbox"/> | If accredited to ISO/IEC 17065, certified true copy of the ISO/IEC 17065 Accreditation Certificate               |