

Request for Retroactive Recognition For Operators/Group of Operators

Date: dd/mm/20yy

1) Operation Data

Type of Certification	Individual <input type="checkbox"/>	Group Certification <input type="checkbox"/>	Country of Operation
Name of Operator (Farm/Firm)			
<i>Name of contact person</i>			

2) Condition of Land requesting retroactive recognition

<input type="checkbox"/>	The parcels were natural or agricultural areas that were not treated with products not authorized for organic production: <input type="checkbox"/> Virgin land (land that has not been cultivated in the past) <input type="checkbox"/> Fallow/uncultivated land of a specified time period
<input type="checkbox"/>	The land parcels were subject to measures defined in an official national organic standard. *
*In this case please fill in the following information:	
Official Organic Standard Name:	
Control Body/Authority Name:	
Date of Initial Contract with the Control Body/Authority Name:	
Website of Control Body/Authority Name:	
Email of Control Body/Authority Name:	

3) Details of plots for which retroactive recognition of conversion period is requested

Year	Plot No. and/ or name	Conversion area (Fed.)	Crop	Name/ variety of all used seeds/ planting materials	Source of seeds/ planting materials	Name of all used inputs (fertilizers, plant protection Products)	Source/ manufacturer of fertilizers/ plant protection Products)
Current Year							
Previous year (1)							
Previous year (2)							
Previous year (3)							

4) Justify the reasons for the request by filling table 3 and provide any documentation/evidence for the last 3 years that may support the claim – Identify all the farms the request is applicable for

Enclosed Documents	Kind
<input type="checkbox"/> Ownership Contracts/farm rentals	Obligatory
<input type="checkbox"/> Farm maps (satellite image) & directions	Obligatory
<input type="checkbox"/> Pictures of plots, with date of picture	Obligatory
<input type="checkbox"/> Organic confirmation of used inputs (if available)	Obligatory
<input type="checkbox"/> Invoices and confirmation of untreated/ non-GMO seeds from suppliers for seeds used in the past 3 years	Obligatory
<input type="checkbox"/> In case of previous certification: Certificate and certified plot list of previous certification body If plots have not been under management of the applicant: Written statement of land use and management practices of field(s) by former owner/ manager	Obligatory
<input type="checkbox"/> Others (Specify): <input type="checkbox"/> Pesticide analysis reports from accredited laboratories <input type="checkbox"/> Written statement of a competent or independent third party (e.g. authorities, NGO) confirming that the plots listed in Table 3 have not been under cultivation /or that no prohibited inputs were applied over the past 3 years. <input type="checkbox"/>	If Applicable

Operator Name:.....

Signature/ Stamp:.....