Vedio Brganic	APPLICATION FORM FOR ORGANIC INPUTS APPROVAL	Doc No: 5 / Template No: 05	
Sub: Certification	Ref : NOP	Rev no:01	Page 1 of 6
templates			

S.No	COMPANY DETAILS
1	Name of the company/Organization :
2	Name of the responsible person :
3	Address for communication :
4	Address of the production unit :
5	Telephone No :
	Email Id :
	Fax :
8	Legal status of the company :
9	Are you following any Quality Management System (Y/N):
	(If yes mention which standards you are fallowing)

10	Are you aware of NOP Organic Standards	:	Yes 🗆	No□	

Note: Enclose following documents to this application

- A copy of company profile.
- A copy of company license.
- A copy of the quality management certificate (if available).
- Submit complete documentation describing all ingredients (active and inactive),
- Manufacturing Processes, process control information, testing, and other information as required by the material evaluation program.

	DETAILS OF THE PRODUCTS							
10	Total number of products to be approved:							
	Product will be used as? (mark in appropriate Colum)							
	S.No	Product	fertilizer	Liquid	Growth	pesticide	herbicide	
		name		fertilizer	promoter			
11	Produ	ct composition:				·	·	
	S.no	Trade name	Active con	nponent(s)	Ine	rt component	S	

S.No	Product name	Plant Source	Animal Source	Microbial	Minera

S.no	Product name	Estimated production capacity	Packaging sizes you are selling
		(per annum)	
	S.no	S.no Product name	S.no Product name Estimated production capacity (per annum)

S.No	Product name	compounds
		•

S.No	Product name	Chemical	biological	mechanical	other

• Enclose the flow chart of the steps involved in the production of the each product

Do you have license to sell all the above products(Y/N)? (Enclose license copy)
Are there any Non Organic Inputs being produced : Yes No
If Yes, is there separate storage area for the production compounds and final product to prevent co-mingling: Yes No
Are you storing any synthetic nitrogen compounds in the production unit: Yes No
If yes how far you are storing synthetic nitrogen compound from the organic compounds:
Are any activities subcontracted to any other Company/Person : Yes No
If Yes, enclose the details of subcontracted Company/Person & also enclose the Subcontract
Give a brief note on Sanitation procedures adopted & list the materials used in Sanitation:

(Annexe)		
Where do you mark (a)Local	et your Inputs produced	
(b) National		
(c) International		
Have the inputs bee	in Approved by any other Certification Body earlier: Yes \Box	No□

Declaration by the Applicant:

I confirm that all information given in this form is true

I shall provide VOCA with any required information or products at any time so as to check compliance with the required standards.

Date:

Signature of the Operator

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