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| 1. Solicitud para   Application for | Ingreso al programa de certificación  Entry to certification program | |  | | Renovación de la certificación  Renewal of the certification | |  |
| Ampliación de la certificación  Ampliación de la certificacióó | |  | | Reinstalación de la certificación  Reinstatment of the certification | |  |
| 1. Nombre del Operador Operation |  | | | | | | |
| 1. Objeto social   Social aim | Empresa (Ltd., S.A.) etc.  Company | |  | | Cooperativa  Cooperative | |  |
| Asociación de Productores  Producers’ association | |  | | Agricultores contratados  Hired farmers | |  |
| Otro  Other |  | | | | | |
| 1. Representante legal   Legal representative |  | | | | | | |
| 1. Cargo   Postion |  | | | 1. Documento de identidad   ID | |  | |
| 1. Dirección legal  Legal address |  | | | | | | |
| 1. Persona de contacto   Contact person |  | | | | | | |
| 1. Dirección de oficina de contacto Contact office address |  | | | | | | |
| 1. Ubicación en la zona Location in the zone |  | | | | | | |
| 1. Teléfono (1) Phone |  | | | Teléfono (2) Phone | |  | |
| 1. Celular (1) Mobile phone |  | | | Celular (2)  Mobile phone | |  | |
| 1. E-mail (1) |  | | | E-mail (2) | |  | |
| 1. Web |  | | | | | | |
| 1. Reglamento y/o norma a los que aplica:   Regulation and/or standard to which you apply: | | | | | | | |

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| Normas Técnicas  Technical Norms | | | | | | Área A Producción  Area A  Production | | Área B Preparación / Procesamiento  Area B  Preparation / Processing | | Área C Distribución  Area C  Distribution |
| Norma de BIO LATINA (CEE 834/2007 y 889/2008) Unión Europea  BIO LATINA standards (Cee 834/2007; 889/2008) European Union | | | | | |  | |  | |  |
| Reglamentos retenidos 834/2007, 889/2008 y 1235/2008 Gran Bretaña  Retained Regulations 834/2007, 889/2008 and 1235 | | | | | |  | |  | |  |
| National Organic Standard del NOP United States of America | | | | | |  | |  | | |
| COR - Acuerdo de Equivalencia Orgánica entre Estados Unidos y Canadá [Canadá]  U.S.-Canada Organic Equivalency Arrangement | | | | | |  | |  | | |
| Reglamento Nacional Orgánico: País  National Organic Regulation: Country  RTPO - Reglamento Técnico para los Productos Orgánicos según D.S. 044-2006-AG; - D.S. 002-2020-MINAGRI Perú | | | | | |  | |  | |  |
| OTROS SERVICIOS:  OTHER SERVICES | | | | | | | | | | |
|  | Bird Friendly | | | | | | | | | |
|  | BIO SUISSE | | | | | | | | | |
|  | Stop Climate Change | | | | | | | | | |
|  | SPP (Small Producers Standard) | | | | | | | | | |
|  | KRAV | | | | | | | | | |
|  | Otro  Other | |  | | | | | | | |
| 1. Cultivos y productos a certificar:   Crops and products to be certified: | | | | | | | | | | |
| Categoría | | Cultivo a certificar  Crop to be certified | | Producto  Product | Peso neto  (kg)  Net weight (kg) | | Área de  Cultivo (ha)  Crop area (ha) | | Número de fincas  Number of farms | |
| Transición 1  Transition 1 | |  | |  |  | |  | |  | |
| Transición 2  Transition 2 | |  | |  |  | |  | |  | |
| Transición 3  Transition 3 | |  | |  |  | |  | |  | |
| Ecológica  Organic | |  | |  |  | |  | |  | |

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| Productos a procesar  Products to be processed |  | Productos a comercializar  Products to be distributed | | |  | |
| 1. ¿Usted posee producción no orgánica? (En caso afirmativo llenar las siguientes secciones):   Do you have non-organic production? (If yes, please complete the following sections): | | | SI / YES |  | NO |  |

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| Cultivo  Crop | Producto  Product | Peso neto  (kg)  Net weight (kg) | | Área de  Cultivo ha  Crop area ha | Número de fincas  Number of farms | |
|  |  |  | |  |  | |
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| Productos no orgánicos a procesar  Non-organic products to be processed |  | | Productos no orgánicos a comercializar  Non-organic products to be distributed | | |  |

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| 1. Ha sido certificado por otra certificadora (En caso afirmativo llenar las siguientes secciones):   Have you been certified by another certification body before? (If yes, please fill out the following sections): | | | | | | | | | | | | SI / YES |  | NO | |  |
| Normas  Standards | | | SI / YES | NO | Certificadora  Certification body | | Fecha primera certificación orgánica (dd/mm/aaaa)  Date of first organic certification (dd/mm/yy) | | | | | Fecha de la última certificación orgánica (dd/mm/aaaa)  Date of last organic certification (dd/mm/yy) | | | | |
| UE / EU | | |  |  |  | |  |  | |  | |  | |  | |  |
| NOP | | |  |  |  | |  |  | |  | |  | |  | |  |
| Nacional  National | | |  |  |  | |  |  | |  | |  | |  | |  |
| Otro  Other | |  | | |  | |  |  | |  | |  | |  | |  |
| 1. En caso solicitar la reinstalación de su certificación, llene las siguientes preguntas:   If requesting reinstatement of your certification, please answer the following questions: | | | | | | | | | | | | | | N/A | |  |
| Nombre de la certificadora:  Name of the certification body: | | | | | |  | | Fecha de la suspensión o revocación oficial:  Date of official suspension or revocation: | | | | | | | |  |
| De acuerdo con qué reglamento o norma:  According to which regulation or norms? | | | | | |  | | Por cuánto tiempo fue suspendido:  How long your entity’s certification suspended? | | | | | | | |  |
| 1. Corrección de Problemas Menores y No Conformidades AnterioresCorrection of previous Minor Problems and Non-Conformities | | | | | | | | | | | | | | | | |
| Llenar esta sección si usted ha sido certificado anteriormente o está solicitando la reinstalación.  This section is to be filled out if you have been previously certified or are requesting reinstatement | | | | | | | | | | | | | | N/A | |  |
| **No.** | **No-conformidad / Problema menor** Non conformity / Minor issues | | | | | | **Medida correctiva implementada**  Corrective action taken | | | | | **Anexo No.**  Annex No | | | | |
| **1** |  | | | | | |  | | | | |  | | | | |
| **2** |  | | | | | |  | | | | |  | | | | |
| **3** |  | | | | | |  | | | | |  | | | | |
| **4** |  | | | | | |  | | | | |  | | | | |
| **5** |  | | | | | |  | | | | |  | | | | |
| 1. ¿Usted subcontrata alguna parte de su operación? (En caso afirmativo llenar las siguientes secciones):   Do you subcontract any part of your operation? (If yes, please fill out the following sections): | | | | | | | | | SI / YES | |  | | NO | |  | |

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| **Nombre de la empresa subcontratada**  Name of the subcontractor | **Servicio subcontratado**  Subcontracted services | **Nombre de la certificadora**  Name of the certification body | | **Código del certificado**  Certificate code | **Fecha de vencimiento/ aniversario del certificado**  Expiry/anniversary date |
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| 1. Planificación de las inspecciones | | | | | |
| Fecha sugerida para recibir la inspección  Suggested date for inspection | | |  | | |

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| Facilidades de transporte proporcionados por el operador  Transportation facilities provided by the operator | SI / YES |  | NO |  |

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| --- | --- |
| Medios de transporte para llegar a la zona  Means of transportation to get to the area |  |

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| 1. Firma de la solicitud | | | | | |
| El solicitante afirma que la información proporcionada es verdadera y se compromete a cumplir con los requisitos para la certificación solicitada. Asimismo, se compromete a suministrar cualquier información adicional necesaria para complementar esta solicitud y permitir la evaluación de los productos que deban certificarse o mantener su certificación.  The applicant declares that the provided information is true and commits to comply with the requirements for the requested certification. Moreover, they undertake to provide any additional necessary information to complement this application and allow the evaluation of the products that need to be certified or maintain their certification. | | | | | |
| **Ciudad**  City |  | **País**  Country |  | **Fecha**  Date |  |
| **dd/mm/aaaa /** dd/mm/yy |
| **Nombre y apellido**  Name and surname |  | | |  | |
| **Cargo**  Position |  | | | **Firma**  Signature | |

**IMPORTANTE**

IMPORTANT

Pagar el costo de la solicitud indicado en la Tabla de tarifas al momento de entregar esta solicitud a BIO LATINA

Pay the application fee indicated in the table of fees when this form is delivered to BIO LATINA.

Adjuntar a esta solicitud: Plan de manejo orgánico y/o Plan de procesamiento orgánico, anexos requeridos por BIO LATINA en el formulario AD0-ORG (Lista de chequeo de presentación de documentos para el ingreso al programa de certificación)

Attach to this application: Organic Production Plan / Organic Processing Plan / Attachments required by BIO LATINA in the form AD0-ORG (checklist for submission of documents for admission to the certification program)

Solicitar a BIO LATINA los requisitos, en el caso en que usted requiera solicitar el reconocimiento retroactivo del periodo de conversión.

Request the requirements from BIO LATINA if you need to apply for retroactive recognition of the conversion period.

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| USO EXCLUSIVO DE BIO LATINA  For BIO LATINA use only | | | | | | | | | | | | | | |
| **Representación**  Representation | | | | | | | | | | | | | | |
| Nombre y código del Coordinador o inspector  Name and code of the Coordinator or Inspector. | |  | | | | Fecha de Recepción:  Date of Receipt: | | |  | | | | | |
| Fecha(s) de revisión(es):  Date(s) of review(s): | |  | | | | Fecha(s) de envío al certificador:  Date(s) of submission(s) to the certifier: | | |  | | | | | |
| Recomendación de selección de Inspector(es)  Inspector(s) selection recommendation. | | | | | | | | | | A | B | | | C |
| Nombre y Código:  Name and Code |  | | | | Líder  Leader | | | Área a inspeccionar:  Inspection area | |  |  | | |  |
| Nombre y Código:  Name and Code |  | | | | Equipo  Team | | | Área a inspeccionar:  Inspection area | |  |  | | |  |
| Nombre y Código:  Name and Code |  | | | | Equipo  Team | | | Área a inspeccionar:  Inspection area | |  |  | | |  |
| Se recomienda al inspector con base en:  The inspector is recommended based on: | | | | | | | | | | | | | | |
| Acreditación vigente en el área a inspeccionar  Valid accreditation in the area to be inspected | | |  | Familiarización con el idioma de la zona de inspección  Knowledge of the language of the inspection area | | | | | | | | |  | |
| Experiencia en certificación  Certification experience | | |  | Conocimiento del tipo de actividad del solicitante  Knowledge of the applicant’s type of activity | | | | | | | | |  | |
| Conocimiento de la zona a inspeccionar  Knowledge of the area to inspect | | |  | Ausencia de conflicto de interés con el solicitante  Non-conflict of interest with the applicant | | | | | | | | |  | |
| Disponibilidad de tiempo  Availability of time | | |  | Menos de 4 inspecciones seguidas al solicitante  Having conducted less than 4 consecutive inspections for the applicant. | | | | | | | | |  | |
| Otra:  Other | | |  | Comentarios:  Comments | | |  | | | | | | | |
| Recomendación de Inspección  Recommendation of inspection | | | | | | | | | | | | | | |
| Revisión de documentación:  Review of documentation | | |  | AC1 - Solicitud de certificación y anexos  AC1 - Application for certification | | | | | | | |  | | |
| AD0-ORG - Lista de chequeo para la solicitud de certificación  AD0-ORG (Checklist for certification application) | | |  | Otro:  Other | | |  | | | | | | | |
| En caso de certificación de grupos:  In case of group certification | | | | | | | | | | | | | | |

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| Categoría de riesgo Risk category | Bajo  Low |  | Medio  Medium |  | Alto  High |  | Muy Alto  Very high |  |
| Número total de productores Total number of producers |  | Número de productores a visitar Number of producers to be visited | | |  | | Muestreo % Sampling |  |

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| Aceptación de la solicitud de reconocimiento retroactivo del periodo de conversión  Acceptance of the application for retroactive recognition of the conversion period. | | | | | | |
| Segundo año  Second year | Si /Yes |  | No |  | Productores:  Producers: |  |
| Tercer año  Third year | Si /Yes |  | No |  | Productores:  Producers: |  |
| Ecológico  Organic | Si /Yes |  | No |  | Productores:  Producers: |  |
| Debido a:  Due to: |  | | | | | |

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| **Número total de productores** Total number of producers |  | **Número de productores a visitar** Number of producers to be visited |  | **Muestreo** Sampling |  |

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| **Oficina central**  Central office | | | | | | | | | | | | | | | |
| Fecha de Recepción:  Date rof receipt: |  | | | Fecha(s) de revisión(es):  Date(s) of review(s): | | | | |  | Fecha de dictamen  Decision date | | | |  | |
| La documentación recibida:  The documentation received | | | | | | | | | | | | | | | |
| Permite la verificación del cumplimiento de la norma Allows verification of compliance with the standard | | | | | |  | | Aprobación de la solicitud de certificación y salida al campo  Approval of application certification and field visit | | | | | | |  |
| Necesita revisión posterior (Solicitar documentación necesaria al solicitante)  Requires further review (Request necessary documentation from the applicant)" | |  | Es insuficiente y se necesita documentación adicional  Insufficient and additional documentation is required. | | | | | | | |  | Negación de la solicitud de certificación  Denial of certification request. | | |  |
| Aprobación de la recomendación del inspector  Approval of inspector's recommendation | | | | | | | | | | | | | | | |
| Sí, corresponde al inspector sugerido en el ítem de la representación  Yes, it corresponds to the inspector suggested in the representation item. | | | | |  | | No, explicar y dar un nombre alternativo  No, explain and provide an alternative name. | | | | | |  | | |
| Dictamen de la solicitud  Decision on the application | | | | | | | | | | | | | | | |
| Código del certificador  Certifier code | | | | |  | | | | |  | | | | | |
| Nombre y apellido del certificador  Certifier name and surname | | | | |  | | | | | Firma  Signature | | | | | |