

## APPLICATION FORM FOR RENEWAL OF ACCREDITATION

### Information on Certification Body

1. Name of the Certification Body :
2. Accreditation Number & Validity :
3. Name of MD/CEO/Director :
4. Address :  
Phone No :  
Fax No. :  
E-mail :  
Website :
5. Legal Status/Year of Establishment :
6. Are you accredited for US NOP?  
If so since when?
7. How many projects are certified as per NPOP and NOP during the last calendar year (Please provide separate list)
8. Are you involved in inspection/ certification for Standards other than present Scope of Accreditation (e.g JAS, COS etc). If yes, please provide the details.
9. Are you involved in inspections for other country's certification bodies for their private standards (Demeter, Soil Association, Bio Suisse, Naturland, EurepGAP, GOTS etc.)? If so, please give the details.
10. Total number of labels approved during the last calendar year  
(Please provide operator wise data)
11. Total quantity of the organic products exported under your certification (in MT) during the last three years. (Please provide year wise data)
12. List of non conformities reported by the Evaluation Committee during the last three years.  
(Please provide year wise information)
13. Please indicate the changes in your policies and procedures (if any)  
(Please enclose a copy of the revised documents)

14. Details on the financial status of the Certification Body  
(Please enclose the latest balance sheet copy)
15. List of other activities carried out by you viz. GAP, FOREST, HACCP, ISO 22000, AGMARK ORGANIC DOMESTIC CERTIFICATION etc.
16. Please indicate the present tariff structure for operations and proposed tariff.
17. Please enclose the following with the application form
  1. Renewal Fees by demand draft (as per the accreditation fee structure on APEDA website) drawn in favour of APEDA, New Delhi
  2. Annual report indicating performance / turnover for last 3 years
  3. Any other additional information

**Declaration**

All information stated above are correct to the best of my knowledge.

**Name/ Designation**

**Date/ Signature**

- **Incomplete application will not be processed**