



Maharishi Vedic Organic Agriculture Institute

1852 Crystal Springs Lane

Maharishi Vedic City, Iowa, 52556 USA
Tel: (641) 472-4442 Fax: (641) 472-2551
e-mail vedicagriculture@maharishi.net
www.mvoai.org



NOP Compliant Organic Processing and Handling Plan

Version 3.0

This Questionnaire is meant to accompany the Maharishi Vedic Organic Agriculture Institute Application for Certification. Please complete the application first, giving all your general information on the application. Then use this form to present your complete processing and handling plan information. The questions and charts are given to you as an aid in providing the necessary information. You should provide any additional information you feel is necessary or useful to MVOAI in making the certification decision. Attach additional pages as necessary to provide the information and list the Section number and full question to which you are responding with additional information. Please also Attach an Organic Product Profile sheet for each product requested for certification and a current schematic product flow chart and facility map for each facility which will handle organic products. Use additional sheets if necessary.

| Section 1: General Information | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|
| National Organic Program Rule 205.401 and 205.201 | | | | | |
| Applicant/company name | | | | Organic certification number | |
| Owner/manager | | Primary contact person | | | For office use only |
| Address | | | | Date received | |
| | | | | Date reviewed | |
| City State/province Postal/zip code Country | | | | Reviewer initials | |
| | | | | Fees received | |
| Inspector | | | | | |
| Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify) | | | | | |
| Year company began | Number of employees | Name of person overseeing organic production | | Government permits/licenses | |
| Do you have a copy of the appropriate organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Do you understand the current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have a copy of the current National List? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| What general categories of organic products are manufactured or planned to be manufactured? <i>Provide a complete list of products requested for certification in Section 2: Product Composition and Labeling.</i> | | | | | |
| List all noncompliances from last year's certification and state how the noncompliances have been addressed. <input type="checkbox"/> Not applicable | | | | | |

| | |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| List number of years certified as organic and name of certifying agent. | List current organic certification by other agents. |
|-------------------------------------------------------------------------|-----------------------------------------------------|

Has certification ever been denied, suspended, or revoked? Yes No
 If yes, describe the circumstances. *Attach a description of the actions taken to correct noncompliances.*

Preferred time for inspection visit: Morning Afternoon
 Give directions to the processing facility.

| | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of processing/handling operation, e.g. grain cleaning, canning, freezing: | Is your operation a: <input type="checkbox"/> Primary, or <input type="checkbox"/> Contract vendor | Estimated annual total production (volume or number of units): Estimated annual production in US Dollars: Percentage organic or non-organic: _____ % organic _____ % nonorganic |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PLEASE LIST IN THE TABLE BELOW EACH PRODUCT FOR WHICH YOU ARE APPLYING FOR CERTIFICATION ALONG WITH THE SPECIFIC REQUESTED INFORMATION

| PRODUCT | ANNUAL VOLUME (UNITS) | ANNUAL VOLUME IN \$ | %ORGANIC |
|---------|-----------------------|---------------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

IF YOU USE CONTRACT VENDORS, GIVE THE FOLLOWING INFORMATION:

| NAME OF CONTRACT VENDOR | ADDRESS | PHONE NO. | CERTIFIED BY |
|-------------------------|---------|-----------|--------------|
| | | | |
| | | | |

List or attach a list stating the general categories of nonorganic products produced by your company.

| | |
|----------------------------------------------------|-----------------------------------------------------------------------|
| SECTION 2: Labeling and Product Composition | NOP Rule 205.105, 205.270, 205.300-205.305 and 205.307-205.311 |
|----------------------------------------------------|-----------------------------------------------------------------------|

The NOP Rule has 4 categories of products which can use the word "organic". These are "100% organic", "organic", "made with organic (specified ingredients or food group(s))", and products with less than 70% organic ingredients. The % of organic ingredients is calculated by dividing the total net weight or volume (excluding salt and water) of combined organic ingredients by the total weight or volume of all ingredients (excluding salt and water).

Products labeled "100% organic" must contain 100% organic ingredients, including processing aids. Products labeled "organic" must contain at least 95% organic ingredients; nonorganic ingredients must not be commercially available in an organic form; must not include organic and nonorganic forms of the same ingredient; and all synthetic ingredients and processing aids must be on the National List. Products labeled "made with organic (specified ingredients or food group(s))" must contain at least 70% organic ingredients. For "100% organic," "organic," and "made with organic..." products, both organic and nonorganic ingredients must not be produced using excluded methods, sewage sludge, or ionizing radiation. Products with less than 70%

organic ingredients can only identify the organic ingredients in the information panel. Refer to the National List, Section 205.605 and 205.606, to determine which nonagricultural substances and nonorganically produced agricultural ingredients are allowed in products labeled "organic" or "made with organic (ingredients or food group(s))."

The NOP Rule has specific requirements for principal display panel information relating to the use of the term "organic", depending on the % of organic ingredients in the finished product. For all products, the organic ingredients must be identified in the ingredient information panel. Up to three ingredients or food groups can be listed on the principal display panel for products labeled as "made with organic (ingredients or food group(s))". The term "organic" cannot be used to describe a nonorganic ingredient in a product name. Water and salt cannot be identified as "organic". The name of the certifying agent must be identified on the information panel below the name of the handler or distributor, preceded by the statement, "Certified organic by..." or similar phrase. The address and telephone number of the certifying agent may be displayed.

The USDA seal can be used on "100% organic" or "organic" products, but not on products labeled "made with organic....". A certifying agent's seal, logo or other identifying mark can be used on "100% organic," "organic" or "made with organic...". Products with less than 70% organic ingredients cannot use either the USDA seal or the certifying agent's name, seal or logo. The certifying agent's seal cannot be displayed more prominently than the USDA seal.

Attach an Organic Product Profile sheet and examples of all labels used for each product requested for certification.

A. PRODUCTS LABELED AS "100% ORGANIC" (All ingredients are certified 100% organic, including processing aids.)

List all products labeled or planned to be labeled as "100 % Organic" and check appropriate boxes. None

| NAME OF PRODUCT | ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (LIST) | CERTIFYING AGENT NAME IDENTIFIED ON LABEL (REQUIRED) | USE USDA SEAL ON LABEL (YES IOR NO) | USE CERTIFYING AGENT SEAL/LOGO ON LABEL (YES IOR NO) |
|-----------------|------------------------------------------------------------|------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

B. PRODUCTS LABELED AS "ORGANIC" (at least 95% certified organic ingredients)

List all products labeled or planned to be labeled as "Organic" and check appropriate boxes. None

| NAME OF PRODUCT | ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (LIST) | CERTIFYING AGENT NAME IDENTIFIED ON LABEL (REQUIRED) | USE USDA SEAL ON LABEL (YES IOR NO) | USE CERTIFYING AGENT SEAL/LOGO ON LABEL (YES IOR NO) |
|-----------------|------------------------------------------------------------|------------------------------------------------------|-------------------------------------|------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SECTION 2: Labeling and Product Composition B. PRODUCTS LABELED AS "ORGANIC" (continued)

Are any nonorganic agricultural ingredients used?

Yes No

If yes, list all organic products which contain nonorganic agricultural ingredients.

If yes, describe your attempts to source organic ingredients.

Are sulfites, nitrates, or nitrites added during the production or handling process?

Yes No

If yes, list all organic products produced with sulfites, nitrates, or nitrites.

Are Alkali Extracted Humic Acid, Lignin Sulfonate, or Potassium bicarbonate used?

Yes No

If yes, list all organic products produced or processed with these substances .

Do any products labeled "organic" show the percentage of organic ingredients on the label?

Yes No

If yes, list all products so labeled.

Does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed?

Yes No

Does the percentage statement appear in its entirety in the same type size, style, and color without highlighting?

Yes No

Is the percentage rounded down to the nearest whole number?

Yes No

C. PRODUCTS LABELED AS "MADE WITH ORGANIC (SPECIFIED INGREDIENTS OR FOOD GROUPS(S))" (At least 70% certified organic ingredients; up to 3 ingredients or food groups can be listed)

List all products to be labeled "Made with organic (ingredients or food group(s))" and check appropriate boxes.

None

| NAME OF PRODUCT | HOW MANY INGREDIENTS OR FOOD GROUPS ARE LISTED ON THE LABEL? | LIST EACH INGREDIENT OR FOOD GROUP ¹ SHOWN ON THE PRINCIPAL DISPLAY PANEL | ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (YES OR NO) | CERTIFYING AGENT NAME IDENTIFIED ON LABEL (YES OR NO) | CERTIFYING AGENT SEAL/LOGO ON LABEL (YES OR NO) |
|-----------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

¹ Choose from the following food group listings: beans, fish, fruits, grains, herbs, meats, nuts, oils, poultry, seeds, spices, sweeteners, vegetables, or processed milk products.

Does the "made with organic ingredients" statement on the principal display panel exceed one-half the size of the largest type size on the panel?

Yes No

Does the "made with organic ingredients" statement on the principal display panel appear in its entirety in the same type size, style, and color without highlighting?

Yes No

Do any products labeled "made with organic ingredients" show the percentage of organic ingredients in the product?

Yes No

If yes, does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed?

Yes No

Does the percentage statement appear in its entirety in the same type size, style, and color without highlighting?

Yes No

Is the percentage rounded down to the nearest whole number?

Yes No

D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS (organic ingredients listed only on the information panel)

List all products which contain less than 70% organic ingredients.

None

E. BY-PRODUCTS

Will any by-products from certified organic products be sold as certified organic?

Yes No Not applicable

If yes, list all organic products manufactured from by-products.

Include information on organic by-products as applicable on this Organic Handling Plan.

Attach an Organic Product Profile sheet for each product.

F. WATER

Check ways water is used in processing:

None used

ingredient processing aid cooking cooling product transport cleaning organic products
 cleaning equipment other (specify)

Source of water: municipal on-site well other, specify

Does the water meet the Safe Drinking Water Act?

Yes No

Attach copy of water test, if applicable.

What on-site water treatment processes are used?

None

Is steam used in the processing or packaging of organic products?

Yes No

If yes, describe how steam is used.

If steam has direct contact with organic products, do you use:

No direct contact

steam filters condensate traps testing of condensate testing of finished products
 other (specify)

List products used as boiler additives.

No boiler additives used

Attach MSDS and/or label information for boiler additives, if applicable.

Describe how you monitor water quality.

How often do you conduct water quality monitoring? weekly monthly annually as needed

other (specify)

SECTION 3: Assurance of Organic Integrity

NOP Rule 205.270 and 205.272

NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with nonorganic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not have contained synthetic fungicides, preservatives, or fumigants. Reusable bags or containers must be clean and pose no risk to the integrity of organic products. Procedures used to maintain organic integrity must be documented.

A. PRODUCT FLOW

Attach a complete written description or schematic product flow chart which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping. Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.

B. ORGANIC INTEGRITY

Do you have an organic integrity program in place to address areas of potential commingling and/or contamination? Yes No

If yes, list specific control points you have identified in your process and state how you have addressed them to protect organic integrity, or *attach a copy of your organic integrity program.*

If no, do you have plans to implement an organic integrity program? Yes No

C. MONITORING

Do you have a Quality Assurance program in place? Yes No

If yes, what program do you use? ISO HACCP TQM other (specify)

Are any outside quality assessment services used (e.g. AIB)? Yes No

If yes, name of company

Product testing: (Check all that apply)

- ingredients tested prior to purchase
- ingredients tested upon receipt
- products tested during production
- finished products tested
- other (specify)

How do you prevent the use of ingredients produced using excluded methods, eg. genetic engineering, sewage sludge, or ionizing radiation? (Check all that apply)

- GE testing
- letters from manufacturers
- other (specify)

Are ingredient samples retained? Yes No

If yes, how long?

Are finished product samples retained? Yes No

If yes, how long?

Do you have a product recall system in place? Yes No

D. Processing aids: List of each substance to be used as a production or handling input, indicating its composition, source, location(s) where it will be used, and documentation of commercial availability, as applicable.

| Input Product | Composition | Source | Location of Use | Documentation of Commercial Availability as Organic |
|---------------|-------------|--------|-----------------|-----------------------------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

| | | | | |
|-----|--|--|--|--|
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| | | | | |

E. EQUIPMENT
List all equipment used in processing.

| EQUIPMENT NAME | CAPACITY | CHECK IF EQUIPMENT IS CLEANED PRIOR TO ORGANIC PRODUCTION | CHECK IF CLEANING IS DOCUMENTED | CHECK IF THE EQUIPMENT IS PURGED PRIOR TO ORGANIC PRODUCTION |
|----------------|----------|-----------------------------------------------------------|---------------------------------|--------------------------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If equipment is purged, list and describe purge procedures, quantities purged, and documentation.

F. SANITATION
Attach MSDS and/or label information for cleaning and sanitizing products, if applicable.
Check all cleaning methods used:
 sweeping scraping vacuuming compressed air manual washing clean in place (CIP)
 steam cleaning sanitizing other (specify)

Provide information on your cleaning program and products used.

| AREA | TYPE OF CLEANING | CLEANING EQUIPMENT USED | PRODUCTS USED | FREQ | CHECK IF CLEANING IS DOCUMENTED |
|--------------------------|------------------|-------------------------|---------------|------|---------------------------------|
| Receiving area | | | | | |
| Ingredient storage | | | | | |
| Product transfer | | | | | |
| Production area | | | | | |
| Production equipment | | | | | |
| Packaging area | | | | | |
| Finished product storage | | | | | |

| | | | | | |
|-------------------|--|--|--|--|--|
| Loading dock | | | | | |
| Building exterior | | | | | |
| Accidental spills | | | | | |
| Other (specify) | | | | | |

Are all surfaces which contact organic products food grade? Yes No
Do you test food contact surfaces or rinsate for cleaner/sanitizer residues? Yes No
Where are cleaning/sanitizing materials stored?

G. PACKAGING

Check types of packaging material used: paper cardboard wood glass metal foil
 plastic waxed paper aseptic natural fiber synthetic fiber other (specify)

Where are packaging materials stored?

Are any fungicides, fumigants, or pest control products used in this storage area? Yes No
If yes, describe use and list specific products.

Have any packaging materials been exposed to synthetic fungicides, preservatives, or fumigants? Yes No
If yes, describe exposure, including name of products used.

Are packaging materials reused? Yes No
If yes, describe how reusable packaging materials are cleaned prior to use.

H. STORAGE

Provide information on your storage areas by completing the following table.

| USE | LOCATION | TYPE/CAPACITY | IDENTIFICATION NAME OR NUMBER | IS STORAGE UNIT DEDICATED ORGANIC ? (✓) | COMMENTS ON POTENTIAL FOR CONTAMINATION OR COMMINGLING PROBLEMS |
|----------------------------|----------|---------------|-------------------------------|-----------------------------------------|-----------------------------------------------------------------|
| Ingredient storage | | | | | |
| Packaging material storage | | | | | |
| In-process storage | | | | | |
| Finished product storage | | | | | |
| Off-site storage* | | | | | |
| Other (specify) | | | | | |

***If there is off-site storage, give name, address, phone number, contact person and type of products stored at off-site facility.**

I. TRANSPORTATION OF ORGANIC PRODUCTS

Incoming:

In what forms are incoming products received?

- dry bulk liquid bulk tote bags tote boxes metal drums cardboard drums paper bags
 foil bags other (specify)

How are incoming products transported?

Do you arrange incoming product transport?

Yes No

If you use transport companies, have they been notified of organic handling requirements?

Yes No

Are transport units used to carry nonorganic products or prohibited substances?

Yes No

If yes, how do you insure that inbound transport units are cleaned prior to loading organic products?

Is the inspection/cleaning process documented?

Yes No

Are organic products shipped at the same time as nonorganic in the same transport units?

Yes No

If yes, check all steps taken to segregate organic products:

- use of separate pallets pallet tags identifying "organic" organic product shrink wrapped
 separate area in transport unit organic product sealed in impermeable containers
 other (specify)

In-Process:

How are in-process products transported?

How do you insure that in-process transport units are cleaned prior to loading organic products?

Is the inspection/cleaning process documented?

Yes No

Outgoing Finished Product:

In what form are finished products shipped?

- dry bulk liquid bulk tote bags paper bags foil bags metal drums cardboard drums
 mesh bags cardboard cases plastic crates other (specify)

How are outgoing products transported?

Do you arrange outgoing product transport?

Yes No

If you use transport companies, have they been notified of organic handling requirements?

Yes No

Are transport units used to carry nonorganic products or prohibited materials?

Yes No

If yes, how do you insure that outgoing transport units are cleaned prior to loading organic products?

Is the inspection/cleaning process documented?

Yes No

Are organic products shipped at the same time as nonorganic in the same transport units?

Yes No

If yes, check steps taken to segregate organic products:

- use of separate pallets pallet tags identifying "organic" organic product shrink wrapped
 separate area in transport unit organic product sealed in impermeable containers other (specify)

SECTION 4: Pest Management

NOP Rule 205.271

NOP Rule requires management practices to prevent pests, such as removal of pest habitat, food sources, and breeding areas, and prevention of access to handling facilities. Environmental factors, such as temperature, light, humidity, atmosphere, and air circulation, may be used to prevent pests. Pests may be controlled using mechanical or physical means, such as traps, light, or sound. Lures and repellents may be used if they do not contain prohibited substances or products produced using excluded methods (genetically engineered). If these measures are not effective, a synthetic substance not on the National List may be used provided the certifying agent approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of the Organic Handling Plan.

Attach a facility map showing the location of traps and monitors, and submit MSDS and/or label information for substances used for pest control, if applicable.

What type of pest management system do you use?

- in-house: name of responsible person
- contract pest control service: name, address, phone number

Check all pest problems you generally have:

- flying insects
- crawling insects
- rats
- mice
- spiders
- birds
- other (specify)

Check all pest management practices you use:

- good sanitation
- removal of exterior habitat/food sources
- clean up spilled product
- exclusion
- sealed doors and/or windows
- repair of holes, cracks, etc.
- screened windows, vents, etc.
- physical barriers
- sheet metal on sides of building exterior
- mowing
- air curtains
- air showers
- positive air pressure in facility
- monitoring
- incoming ingredient inspection for pests
- inspection zones around interior perimeter
- ultrasound/light devices
- release of beneficials
- sticky traps
- electrocutors
- pheromone traps
- mechanical traps
- scare eye balloons
- freezing treatments
- heat treatments
- vacuum treatments
- carbon dioxide
- nitrogen
- vitamin baits
- pyrethrum
- ryania
- rotenone
- boric acid
- disodium octal tetrahydrate
- diatomaceous earth
- precipitated silica
- fumigation
- fogging
- crack and crevice spray
- other (specify)

Are records kept of your pest monitoring activities?

Yes No

Check all aspects of your waste management system that apply:

- on-site dumpster
- material recycling
- daily pick-up of waste
- composting
- field application of waste
- other (specify)

Does your waste management system provide habitat and/or food sources for pests?

Yes No

If yes, please describe.

Pesticide use information for the last 12 months:

| SUBSTANCE | TARGET PEST | LOCATION WHERE USED | METHOD OF APPLICATION | DATE OF LAST APPLICATION |
|-----------|-------------|---------------------|-----------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are records kept of all pesticide applications? Yes No
 If a pest control substance is used, list all measures taken to prevent contact with organic products, ingredients or packaging materials.

Are any substances used which are prohibited according to the National List? Yes No
 If yes, did you contact the certifying agent for prior approval before using? Yes No
 If prohibited pest control products were used, what measures are you taking or planning to take to prevent their use in the future?

Are there any substances intended for use which are not listed above? Yes No
 If yes, list substances intended for use:

SECTION 5: Record Keeping **NOP Rule 205.103**

NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked from receipt of incoming ingredients to sale of finished products. Organic ingredients must be verified as certified organic. Amounts of organic finished products must balance with certified organic ingredients purchased. All relevant documents must identify products as "organic". All records must be accessible to the inspector.

Which of the following records do you keep for organic processing/handling?

Incoming:

purchase orders contracts invoices receipts bills of lading Customs forms scale tickets
 quality test results Certificates of Analysis Transaction Certificates
 copies of Certificates of Organic Operation verification of non-GMO ingredients
 verification of ingredients produced not using sewage sludge
 verification of ingredients produced/handled without ionizing radiation
 documentation that organic ingredients are not commercially available, when using nonorganic ingredients in products labeled as "100% organic" and/or "organic"
 receiving records receiving summary log (12 mos.) other (specify)

In-Process:

ingredient inspection forms blending reports production reports equipment clean-out logs
 sanitation logs packaging reports QA reports production summary records (12 mos.)
 other (specify)

Storage:

ingredient inventory reports finished product inventory reports other (specify)

Outgoing:

shipping log transport unit inspection/cleaning forms bills of lading scale tickets purchase orders
 sales orders sales invoices phytosanitary certificates export declaration forms
 Transaction Certificates copies of Certificates of Organic Operation shipping summary log
 sales summary log audit control register complaint log (ISO 65 only) other (specify)

Describe your lot numbering system.

Can your record keeping system track the finished product back to all ingredients? Yes No
 Can your record keeping system balance organic ingredients in and organic products out? Yes No
 How long do you keep your records?

SECTION : Affirmation

NOP Rule 205.100, 205.400 and 205.401

I affirm that all statements made in this Organic Handling Plan are true and correct. I agree to comply with all MVOAI policies and the appropriate standards, the Organic Foods Production Act of 1990, and the National Organic Program Rules and Regulations. I understand that the facility may be subject to unannounced inspection and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by the certifying agent.

Signature of Owner/Manager _____ Date

I have attached the following REQUIRED additional documents:

- product flow chart
- pest management map of traps and monitors
- product labels using the word "organic"
- labels for other substances used (boiler additives, cleansers, or pesticides)
- facility map and surrounding area
- water test, if applicable
- labels for minor ingredients
- Organic Product Profiles
- MSDS, if applicable
- other (specify)

I have made copies of this Organic Handling Plan and other supporting documents for my own records.

Submit completed form, fees, and supporting documents to:

Maharishi Vedic Organic Agriculture Institute

1852 Crystal Springs Lane

Maharishi Vedic City, Iowa, 52556 USA

Tel: (641) 472-4442 Fax: (641) 472-2551

e-mail vedicagriculture@maharishi.net

www.mvoai.org