



Operation Name: _____ **Date:** _____

- ▶ Complete this form if you take physical possession of products you sell or distribute, or run a manufacturing or handling facility.
- ▶ Complete one form for each facility/location.

A. General Information

1) Facility Name: _____

Facility Tax ID: _____

2) Site Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

3) *Manufacturers are required to register with CDPH after achieving OCal certification with CCOF. This does not apply to distributors and cultivators.*

Registration in process (manufacturers)

a) CDPH OCal manufacturing registration number: _____

4) Contact (Name/Title): _____

5) Phone: _____ Fax: _____

6) Email(s): _____

7) Type of manufacturing or handling: _____

8) Do you (check one):

Own this facility Lease this facility

9) Do you (check one or both):

Own the products manufactured and/or handled here Provide manufacturing and/or handling services

10) Is this facility:

OCal and organic only OCal/organic and non-OCal/nonorganic

a) Do you manufacture or handle identical OCal and non-OCal products?

Yes No

b) Do you manufacture or handle organic products identical to nonorganic products?

Yes No

1. If yes, list products: _____

11) Is this facility currently certified OCal by another certifier?

No Yes, provide name of certifier: _____

12) Has this facility ever previously applied for or been granted OCal certification to any certification agency?

No. Skip to section B. Yes. Complete this section and provide name of certifier: _____

a) Was your certification or the certification of products or this facility ever suspended or revoked? Yes No

b) Did you surrender your certification with outstanding non-compliances or conditions? Yes No

c) Was your application for OCal certification ever issued a denial? Yes No

d) Did you withdraw your application for certification with outstanding non-compliances? Yes No

13) If you answered yes to a, b, c, or d above, please list the years and agencies, attach a copy of all relevant letter(s) and a description of all corrective actions:

Year(s): _____ Letters Attached

Corrective actions taken: _____

B. Site Plan and Product Flow

1) Attach 8.5 x 11" site map(s) showing all OCal and organic manufacturing and/or handling and storage areas (may be hand drawn).

Map attached



- 2) Attach either a complete written description or a schematic product flow chart that describes or shows where and how the product is received, stored, extracted, infused processed, packaged, and warehoused.
 - The flow chart(s) must include all OCal production steps. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.
 - **Submit a separate flow chart for each production type.** Attached
- 3) Describe how any “work in process” (WIP) is identified as OCal and protected from prohibited substances:

- 4) For each material used in or on **non-OCal and/or nonorganic** products in this facility, describe below how you prevent accidental use during OCal processing, and how this can be verified at inspection:

- 5) Identify any other material used during any **OCal** processing step that is not yet otherwise disclosed:
