**Certified Kind Management Plan**

**Return this completed form to:** admin@certified-kind.com

|  |
| --- |
| **Contact Information** |
| **Name of Legally Registered Business or Person** |  |
| Mailing Address  |  |
| Farm Location Address(If different than above) |  |
| Email |  | Phone |  |

|  |
| --- |
|  |
| **Name of Authorized Primary Contact for Certification**  |   |
| Email |   | Phone |   |

|  |
| --- |
| **General Description** |
| Please provide a general description of your operation. Also explain how your operation is licensed, allowed and/or conforms to cannabis regulations in your state and county. |  |

**Grower Application and Management Plan**

|  |
| --- |
| **Basic Information** |
| **Type of Operation****(Indoor, Greenhouse, Outdoor)** | **Crop Canopy Area** **(Square Feet)** | **Total Wattage of Indoor Grow**  | **Number of Scheduled Harvests** | **Number of Mature Plants at Harvest** |
|  |  |  |  |  |
|  |   |  |  |  |
|  |  |  |  |  |
| Crops requested for certification? |  |
| Do you also grow non-Certified Kind crops? |  |
| **Please ensure licenses or other documentation demonstrating compliance to state medical or adult-use recreational cannabis programs is available for review during the inspection.**  |

|  |
| --- |
| **Contamination Prevention**  |
| How do you prevent commingling and mixing of Certified Kind product with non-Certified Kind product or other potential contaminants? |  |

|  |
| --- |
| **Natural Resources** |
| What is the source of your irrigation water? Do you use pH adjusters? If yes, which ones? |  |
| Do you use diesel or gas generators as your primary source of electricity? |  |
| How are natural ecosystems preserved or rehabilitated at your grow location? |  |
| If you grow indoors, describe your strategy for conserving electricity/power. |  |

|  |
| --- |
| **Seeds, Seedlings, Cuttings, Soil** |
| Describe your system for plant propagation.  |  |
| Do you buy seeds? |  |
| Please list potting soil used, plus any production aids or amendments used for cuttings or seedlings.  |   |

|  |
| --- |
| **Fertility Management** |
| Describe your system and practices for plant fertility. How do you maintain or improve soil quality on your farm? |  |

|  |
| --- |
| **Pest Control** |
| Describe your system and practices for preventing and combating plant pests.Do you have strategies for preventing and controlling Hemp Russet Mite, Broad Mite, Bud Rot (Botrytis), Powdery Mildew, and Fusarium/Verticillium? |  |

|  |
| --- |
| **Sanitation**  |
| Please describe sanitation procedures and materials used. |  |

|  |
| --- |
| **Basic Post-Harvest Activities** |
| Please describe in detail your post-harvest handling activities, such as drying sorting, storage, processing and packaging.  |  |

|  |
| --- |
| **Labels** |
| Please describe how you intend to label your product. (Retail labels? Bulk labels?) |   |
| If lot numbers are used, please describe lot numbering system. |  |
| **If you plan to label your product as Certified Kind, please contact us for a high-resolution copy of the Certified Kind logo. All labels with the Certified Kind logo and name must be reviewed and approved by Certified Kind.** |

|  |
| --- |
| **Recordkeeping** |
| Please describe your recordkeeping system for tracking fertility and pest control inputs. |  |
| Please describe your recordkeeping system for tracking purchases of fertility and pest control materials and other farm inputs. |  |
| **Please keep in mind that to verify compliance to the Certified Kind rules, receipts for purchased production inputs such as fertilizers, pesticides, and seeds should be on-hand and available for review during the inspection of your operation.**  |

|  |
| --- |
| **Land History** |
| For Certified Kind status, soil or soil medium where crop is planted must be free of prohibited substances for no less than three years prior to harvest of the crop. For transitional Certified Kind status, soil or soil medium where crop is planted must be free of prohibited substances for no less than one year prior to the harvest of the crop. Transitional operations are also allowed to use the Certified Kind logo, but the certificate will indicate transitional status. Production areas must have distinct and defined boundaries that adequately prevent contamination from adjacent production areas or land uses that are not Certified Kind. |
| Please describe the buffer areas in place to prevent contamination from non-Certified Kind grow operations nearby, if applicable. |  |
| If you grow crops directly in the ground, please describe the land history for the past three years, and fill out the chart below. |  |

|  |  |  |
| --- | --- | --- |
| **Year** | **Land Use** | **Substances applied to land or plants** |
| **2017** |  |  |
| **2016** |  |  |
| **2015** |  |  |
| **2014** |  |  |

**Grower Materials**

|  |
| --- |
|  |
| **Please list ALL materials and substances used to grow your Certified Kind crop.**Without a complete and accurate list of materials used to produce your Certified Kind Crop, our staff will be unable to determine compliance to the Certified Kind rules, resulting in delay and possible denial of your certification request. *Instructions:*1. You must list the brand name and manufacturer of all production inputs. 2. You must submit a copy or photo of the product label, for any products not listed as allowed with the [Organic Materials Review Institute](http://www.omri.org)(OMRI) or [Washington State Department of Agriculture Organic Program](http://agr.wa.gov/foodanimal/organic/materialslists.aspx) (WSDA). 3. Please include all input materials used in the production of your crop, such as, potting soil, potting soil additives, fertilizers, pesticides, microorganisms, pH buffers, beneficial insects, etc.4. This list is an essential piece of your Certified Kind Management Plan. It is your responsibility to maintain an accurate and current list of materials and ensure they have been allowed for use in Certified Kind production.  |
| **Brand Name of Material** | **Manufacturer** | **Purpose for Use** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |

**Affirmation of Understanding**

## AFFIRMATIONS AND SIGNATURES

The undersigned agrees to the following:

* I/We authorize the responsible person listed on the application to act on behalf of my company in establishing and maintaining certification.
* I/We affirm that this application is an accurate account and full representation of all materials and methods used in the production or handling of Certified Kind products included in this or supplemental applications.
* I/We shall maintain copies of all applications as legal records.
* I/We understand and accept that any willful misrepresentation on any of the forms submitted to Certified Kind will require revocation of the relevant certification initiated by this application. Under these circumstances, I/we agree to return the original certificate to Certified Kind on request.
* I/We further understand and accept that any willful misrepresentation may give cause for Certified Kind to seek damages for any loss they may sustain as a result of any willful misrepresentations made.
* I/We agree to maintain records as required by Certified Kind.
* I/We understand the Certified Kind Process and Protocol Manual, and agree to report any significant changes pertaining to the information herein and to continue to manage any crop or products that are designated Certified Kind in accordance with the standards.
* I/We consent to Certified Kind’s decision to subcontract work related to certification (e.g. testing or inspection) to an external body or person and hereby understand Certified Kind shall take full responsibility for such subcontracted work, including confidentiality, and maintain its responsibility for granting, maintaining, suspending or revoking certification.
* I/We agree that all forms submitted in the future for certification by Certified Kind shall be submitted subject to these same affirmations, and I/we hereby so affirm.
* I/We affirm that the undersigned is a duly appointed agent of the applicant and as such is empowered to make appropriate decisions relevant to this application and to act as the contact person for the organization, unless otherwise specified.
* I affirm I am 18 years of age or older.
* I, the responsible person, confirm that everything is correct and that I understand this document and all sections that make up my Certified Kind Management Plan must remain current. Any changes will be submitted to Certified Kind for review and approval.

The signee(s) agree that Certified Kind will have access to all facilities and records that provide information about the operation, and constitute compliance with Certified Kind standards. This application must be signed in order for Certified Kind to proceed with the certification process.

Name and Title of Responsible Party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_