****

**Certified Kind Management Plan**

**Return this completed form to:** [admin@certified-kind.com](mailto:admin@certified-kind.com)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contact Information** | | | | |
| **Name of Legally Registered Business or Person** |  | | | |
| Address |  | | | |
| Email |  | Phone |  | |
| Location(s) of Operation  (if different from address listed above) |  | | | |
|  |  |  |  |  |
| **Name of Authorized Primary Contact for Certification** |  | | | |
| Email |  | Phone |  |  |
|  |  |  |  |  |
| **Additional Authorized Contact(s)** |  |  |  |  |
| Name |  | Phone |  | Email |
| Name |  | Phone |  | Email |
| **General Description** |  |  |  |  |
| Please provide a general description of your operation. (This will help us understand your needs better.) |  | | | |
| Who referred you to Certified Kind? |  | | | |

**Processor Application and Management Plan**

|  |  |  |
| --- | --- | --- |
| **Basic Information** | | |
| Please provide a brief description of the processing activities requested for certification. |  | |
| Product(s) requested for certification. |  | |
| Estimated volume of Certified Kind product to be processed per year. |  | |
| Do you also process or handle non-Certified Kind products? If so, please describe them. | |  |

|  |  |
| --- | --- |
| **Contamination Prevention** | |
| How do you prevent contamination of Certified Kind Product from prohibited substances? |  |
| How do you prevent commingling and mixing of Certified Kind product with non-Certified Kind product? |  |
| Describe how you test your product for contaminants. |  |

|  |  |
| --- | --- |
| **Sanitation** | |
| What sanitizers are used on product contact surfaces used during handling and processing? |  |
| What sanitizers are used to clean processing equipment? |  |
| Describe standard sanitation operating procedures used during the production of Certified Kind products. |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Processing Facility Pest Prevention** | | | | |
| Please describe your pest prevention strategy.  (You must have a pest prevention strategy.) | |  | | |
| Is pest control handled in-house or contracted out? | | | |  |
| Please list all pest control materials planned for use if pest prevention practices fail. List by brand name of material, manufacturer, targeted pest, and location applied. | | | | |
| **Brand Name of Material** | **Manufacturer** | | **Targeted pest** | **Location applied** |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

|  |  |
| --- | --- |
| **Reception of Raw Ingredients** | |
| How do you ensure Certified Kind products received for processing are not contaminated or commingled with non-Certified Kind products? |  |

|  |  |
| --- | --- |
| **Ingredient and Product Storage** | |
| How is raw product stored prior to processing? |  |
| How are finished products stored? |  |
| Please list any packaging aids used, such as carbon dioxide, nitrogen gas, or oxygen absorbers. |  |

|  |  |
| --- | --- |
| **Labels** | |
| Are labels used on containers packaged for bulk sales? |  |
| Are labels used on containers packaged for retail sales? |  |
| If lot numbers are used, please describe lot numbering system. |  |
| If you plan to label your product as Certified Kind, please attach a copy of the label for compliance review, prior to printing and use. Certified Kind must approve the label prior to use. | |

|  |  |
| --- | --- |
| **Recordkeeping** | |
| Please describe your recordkeeping system for tracking processing activities and inventory. |  |
| Please describe your recordkeeping system for tracking product transactions, and/or sales. |  |
| Please keep in mind that to verify compliance to the Certified Kind rules, records should be on-hand and available for review during the inspection of your operation. | |

**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 all certification applications are 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 have read the Certified Kind Procedures, 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_