



**Ministry of Health
Bhutan Food and Drug Authority
CERTIFICATION SERVICES**

***The Head
Bhutan Food and Drug Authority
Ministry of Health
Thimphu, Bhutan.***

Subject: **APPLICATION FOR ORGANIC CERTIFICATION.**

Dear Sir/Madam,

I/we hereby submit an application along with the filled questionnaire (Annex BFDA-CS-PR 7.2-01-FM-06), requesting for certification under BFDA's Organic Certification Scheme (BFDA-CS-02). I/we have been engaged in the production as per the Organic Standard, the details of which are given below:

1. Farmer/ farmer's group and farm information

1.1 Name of farmer/ farmer's group/processing unit : _____

1.2 Address of farmer/ farmer's group/processing unit:

1.2.1 Village: _____

1.2.2 Gewog: _____

1.2.3 Dzongkhag: _____

1.3 Location(s) of the farm/processing unit: _____

1.4 Telephone No./ Fax No: _____

1.5 E-mail Address: _____

1.6 Business License Number (if applicable): _____

1.7 Food Safety License Number (if applicable): _____

1.8 Name of the Technical Incharge (if different from the owner): _____

1.9 Name of the Management Incharge (if different from the owner): _____

2. For Farmers Group or Cooperative (If applicable)

Please mention below the name of the farmers of the above farmer's group or cooperative.

S.N	Name of the farmer	Farmer ID No



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Please use additional sheets if required

3. Crop Production (If applicable)

Name of the crop	Cultivated Area (acres/decimals)	For the last year (From to)				For the current year (From to)	
		Yield (unit)	Harvest Month	Sold (unit)	Balance Stock (unit)	Estimated Yield (unit)	Harvest Month

4. Wild Collection (If applicable)

Common Name	Botanical Name	Part of Plant Harvested	Estimated Harvest Yield /Season (Unit)	Harvest Acreage

5. Animal Husbandry (If applicable)

Livestock Type	Number of Males	Number of Females	Estimated production (Unit)	Product Sold



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6. Aquaculture (If applicable)

Aquaculture Type	Estimated Yield (unit)	Harvest Month	Sold (unit)	Balance (unit)	Stock

7. Apiculture (If applicable)

Common Name	Botanical Name	Estimated Harvest Yield (Unit)	Harvest Acreage

8. Mushroom Production (If applicable)

Type of Mushroom	No. of Billets/Blocks/Bags	For the last year (From to)				For the current year (From to)	
		Yield (unit)	Harvest Month	Sold (unit)	Balance Stock (unit)	Estimated Yield (unit)	Harvest Month

9. Processing Units (If applicable)

Name and Address of Operation	Type of processing	For the last year (From to)			For the current year (From to)		
		Production (unit)	Sold (unit)	Balance Stock (unit)	Production (unit)	Sold (unit)	Balance Stock (unit)



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10. Standard (s) for which we wish to be certified: _____

11. Preferred language during evaluation (*Please tick*)

Dzongkha English Sharchop Lhotsham

Others (Please specify)

12. With a view to ensure the similarity of the process of production of the mentioned commodities as per related standard, I/we shall keep regular records and maintain all required documentation to fulfill the requirements of the identified Standard (refer point 10) and any other additional documentation required by the BFDA-CS as the Certification Body.

13. I/We are willing to change our operational practices, as may be required from time to time to keep in line with our policy which may be directed by BFDA-CS.

14. If BFDA-CS desires to make a preliminary inspection or investigation then, I/we, agree to give all our reasonable opportunity and privileges to BFDA-CS and accordingly provide our cooperation as per certification requirements.

15. If the certificate is awarded, we will abide by all the terms and conditions of the certification, as updated time to time by BFDA-CS, so long as it remains valid for use and also comply with the Rules and Regulations. If the license/certificate becomes prolonged or it is cancelled, then I/we, shall ensure that any use of the Standard Mark on any commodity under the license will be stopped immediately and all related advertisement, materials will be taken back and other necessary action will be taken.

Signature :

Name :

Designation :

Location :

Phone (if any) :

Date :

On behalf of