In order to help to estimate the cost of inspection and certification, please provide the following information, by indicating as many details as possible and omitting items that do not apply.

| | ☐ New Application, ☐ Annual Renewal Application-Certified by ADITI since Year: _____ | |
|---|---|---|
| **1** | **Company Name or Name of Individual** | |
| **2** | **Postal address**<br><br>City/Town:                 District:                 State:<br><br>Postal Code:              Country: | |
| | **Contact Number:**              **Email:**              **Website:** | |
| **3** | **Certificate should be Issued in the name of:** | ☐Company ☐Individual |
| **4** | **Legal Status of the Company** | ☐ Sole proprietorship ☐ Partnership ☐ Limited Liability Company (LLC)<br>☐ Limited Liability Partnership (LLP) ☐ Corporation ☐ Non-profit organization<br>☐ Others Mention: |
| **5** | **Name of responsible Person for signing contract with ADITI** | Name<br><br>Designation:<br><br>**Contact Number:**              **email Id:** |
| **6** | **Responsible Person for Tracenet (e-portal) Data Entry** | Name:<br><br>Designation:<br><br>**Contact Number:**              **email Id:** |
| | *The Login credentials generated through tracenet will be sent to the above mentioned contact number and email.* | |
| **7** | **Goods and Service Tax (GST) Number (if any):** | |
| **8** | **Wild collected Product List, Details of harvested quantities, resource assessment etc., Fill Form Species Spreadsheet-F 4.3.3.1 and Form 4.3.3.3** | |
| **9** | **Wild collection-Site details (Attach Map)** | |
| **9a** | **Details of the Collection site** | |

| | Sl. No. | Collection site details (Name/ Location-State, district etc.) | Total approximate collection area (km$^2$): |
|---|---|---|---|
| | | | |
| | | | |

| | |
|---|---|
| **9b** | Any Processing activity (e.g., freezing, drying, heating, etc.) involved? No ☐   Yes ☐   Mention Activities: |
| **9c** | Location of processing units: |
| **9d** | Wild species-Collectors List-Fill and Attach Aditi Form 4.3.3.6 |

| 10 | Standard(s) for which you wish to become certified: |
|---|---|
| | ☐ **NPOP**, Government of India: http://apeda.gov.in/apedawebsite/organic/index.htm |
| | ☐ **NOP**, for the organic US-market: http://www.ams.usda.gov/nop/NOP/standards.html |
| | ☐ **COS,** for the Canada Market: https://www.inspection.gc.ca/organic-products/eng/1526652186199/1526652186496 |
| | ☐ **Aditi Private Std.:** http://www.aditicert.net |
| | ☐ **Others:** specify _____ |
| 11 | Do you have a copy of the standard(s) according to which you request certification? |
| | Hardcopy: ☐   Access through internet: ☐   No copy: ☐ |
| 12 | Have the **above mentioned units/products** ever been inspected and/or certified before? If so, Please enclose all information regarding the inspection(s) and/or certification(s), including reports of findings etc. |
| | ☐No, NA                                ☐Yes,  Details: |
| | What was the reason for termination of the contract with regard to the inspection and/or certification mentioned above? Details: |
| 13 | **Required Documents: Legibly seen and Size within 0.5Mb, Format Jpeg/pdf** |
| | ☐ Aadhaar Card |
| | ☐ PAN Card |
| | ☐ Passport size photo |
| | ☐ Permit to collect the wild forest products (Forest Department/Revenue Department) |
| | (Including Detail/s: Name of the Forest Circle, Name of the Forest Division, Name of the Forest Range, Name of the Forest Beat, Total Area (Ha) of the wild collection and MOU/Forest permit date (From and to) |
| | ☐ Valid Mobile No. of the Responsible person & Email Id (Tracenet Login details will be sent to this) |
| | ☐ Organic Management Plan (Aditi document No. 4.3.3-Format shared after Tracenet registration) |
| | ☐ Species spread sheet – (Aditi document No. F- 4.3.3.1) |
| | ☐ Resource assessment form- (Aditi document No. F- 4.3.3.3) |
| | ☐ Wild species-Collectors list-(Aditi document No. F- 4.3.3.6) |
| | ☐ Map of Collection area- Forest map |
| | ☐ In case of private forest, RTC copy of the forest is required |

Date:                                                                                     Signature and Company stamp:

# For Office use only

| | This part has to be filled in by **ADITI!** Examination of the application |
|---|---|
| **1** | The certification requirements have been defined clearly: Yes ☐    No ☐ |
| **2** | Any differences between applicant and ADITI about cert. procedure have been cleared: Yes ☐    No ☐ |
| **3** | ADITI is able to perform the cert. service (incl. aspects like domicile, language, and any other specific requirements) and application is accepted: Yes ☐    No ☐ |
| **4** | Comments (Mandatory Section): |
| | |

Date:                                                                                     Signature: