

Business Name _____

Completion date _____

Organic Product Profile Form

Colorado Department of Agriculture

NOP 205.102, 205.103, 205.201, Sub-Part D, 205.605

Instructions: Please complete a separate PPF for each multi ingredient processed product. For each product label to be used, please attach a sample to accompany this PPF. Labels must be approved by CDA prior to use; you must **have them approved before they are printed in large quantity.**

Product Name(s) on Label (please list all products utilizing this formula)	
Brand Name(s) on Label (please list all brand names)	
Package size(s) (please list all sizes)	

Are any labels Second Party or Private Label? Yes No

If yes, please provide the Second Party Label Agreement and/or the organic certificate for owner of Private Labels

Is this product processed at the address listed in the OSP? Yes No If no, complete the following table:

Facility/Company Name	Address and Phone Number	Contact	Certified Organic?	Certifier
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide the organic certificate for the certified facilities.

If not certified, please contact CDA to ensure the facility is inspected and approved prior to use.

Ingredients must be listed in descending order by weight. They must correspond to your product label's ingredient declaration. Copies of organic certificates listing certified products current at the time of purchase, must be submitted for all agricultural ingredients.

Ingredient**	Quantity (specify units)	% in final product ***	Organic?	Supplier and certifier
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

** List the quantities of water and salt used as ingredients, but do not include them in the percentage calculation.

**** Agricultural ingredients listed on NOP 205. 606 may be used if not commercially available in an organic form.

Total % organic ingredients: _____

Please continue on back side!

Processing aid**	Quantity (specify units)	Organic?	Supplier (and certifier)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Processing aids for products labeled "100% Organic" must be organic."

**Please provide organic certificates for all organic processing aids and Specification Sheets for the non-organic processing aids

Lot coding:

Describe the production code or lot numbering system that will appear on each final package sold. This code must serve to trace the product and all of its components back to the original ingredients used. Attach additional sheets if necessary.

Code sample: _____

Translation of code: _____

Please provide documentation affirming non-availability of organic equivalent forms of agricultural ingredients and National List compliance for non-organic ingredients (non-GMO, non-irradiated, non-use of sewage sludge).

CDA Use Only:

Formulation approved by: _____ Date: _____

Label attached, approved by: _____ Date: _____

100% organic

Organic

Made with organic ingredients

Retail

Bulk