



<annexe 10>

Organic Handling Plan

(for Apicultural(Beekeeping) products)

1. Applicant

A. Applicant Information

1) Name		2) Contact Number	
3) Registration Number		4) Representative date of birth	
5) Certification Manager / Position		6) Certification Manager Contact Number	
7) Fax		8) Email	
9) Address			
10) Type of certification	<input type="checkbox"/> Company(Name of Company : _____) <input type="checkbox"/> Individual		

B. Application Details

1) Application Type	<input type="checkbox"/> new <input type="checkbox"/> certification renewal <input type="checkbox"/> extension of product certification		
2) Type of Certification	<input type="checkbox"/> Organic Apiculture		

* Fill in only where applicable if applying for an extension of product certification.

2. Application Details

A. Fill in the box below with all the relevant information regarding the beekeeping field to be certified.

Classification	Location	Lot No.	Area(m ²)	Notes
Bee Farm				
Other facilities				

3. Size of Apiculture

A. Fill in the box below with all the relevant information regarding product information.

Name of product	Size(Group)	Number of Beehives(No.)

B. Fill in the box below with all the relevant information regarding production information for products to be certified.

Name of Breed	Beekeeping Period	Sales Period	honey production plan(kg)	Last year's honey production(kg)

4. General Principles and Management Control

A. Fill in the box below with the relevant information regarding the purchase, use,

and stock of veterinary drugs and medicinal supplies (including those used in conventional production) in the past year.

Name of Material	Date of Purchase	Point of Purchase (contact info)	Purchased Amount	Total Stock	Storage Place
Name of Material	Date of Use	Place of Use	Used Amount	Used on	

B. Please list the materials used for beehives and honeycombs. (Only for organic Apiculture.)

Beehive, Honeycomb	Date of Purchase	Purchased from(contact No.)	Use of Natural materials or Organic materials

5. Apiary and Apiary Conditions.

A. Please provide the following information about the location of the beehive and surrounding areas.

Has the beehive been placed in a controlled place in accordance with organic certification standards? <input type="checkbox"/> yes <input type="checkbox"/> no
Is there any place mentioned below within 3km from the beehive. <input type="checkbox"/> yes <input type="checkbox"/> no – Conventional Agricultural areas(except in areas were the quality of organic apiculture and organic apiculture products can be controlled and managed) – Contaminated non-agricultural areas, golf courses, Livestock producers, barns, – Areas that can be potentially contaminated with GMO or environmental pollutions.
Is it possible to supply sugar water, nectar, pollen which is suitable with organic standards within 3 km? <input type="checkbox"/> yes <input type="checkbox"/> no

6. Selection of bees, breeding methods and Placement

A. Please describe breed, breeding methods and placement methods.

Breed of Bee	Placed date	Number of bee colonies	Classification
			<input type="checkbox"/> Self bred colony <input type="checkbox"/> Brought in from outside(Non-Organic) <input type="checkbox"/> Brought in from outside(Organic)

7. Conversion Period

A. Fill in the box below with the relevant information regarding the conversion period of the bees currently being bred.

Start date of Apiculture	Planned shipping date for apicultural products.	Wax replacement date
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8. Feed and Nutrition Management

A. Fill in the box below with the relevant information regarding the feeding of the bees

Type of feed	Made Organically?	Feed quantity of beehive at the end of production (g)	Climate or other exceptional circumstances	
			Feed given date	Type of Feed
				<input type="checkbox"/> Honey (Organic) <input type="checkbox"/> Sugar (Organic)

9. Animal Welfare and Disease Management

A. Fill in the box below with all the detailed information regarding the use of veterinary drugs, Organic synthetic pesticides, repellents, substances used to control pests, fumigants on the bees to be certified

Name of material	Date of Use	Conventional Withdrawal Period(for veterinary drugs only)	Planned Date of Shipment

10. Quality control of produced products

A. Please list the extracted honey amount and sales information for the past one year for certified products.

Extracted date	Extracted amount(kg)	Ship date	Ship amount(kg)	buyer	With certification Mark?

B. Please list the certified packaging materials (samples) or markings and packaging materials you are currently using.

Date packing material was made	Quantity made	Used amount	Stock amount

<Sample of packing material>

C. Please describe how quality control measures such as maintaining purity of organic certified products are made.

<Quality Control Plan>

11. Applicant

A. This application form is completed by:

- the applicant, _____ (name)
- proxy at the request of and is confirmed by the applicant, _____ (name)

Name	Date of Birth (business registration no.)	Address	Contact Info	Affiliation

B. The applicant must read the following warning carefully and sign at the bottom.

Warning

the applicant, hereby confirm that the information contained in this application is true and complete and understand that any misrepresentation will result in the cancellation of certification in line with Article 24 of the Act on Promotion of Environment-friendly Agriculture and Fisheries, and Management and Support for Organic Foods and penalties (a prison sentence of up to three years or a fine of up to 30 million won) in line with Article 60 of the same Act.

Date (y/m/d):

Applicant : _____(signature or stamp)