



Approved Regenerating

Application Form (Annex D)

Approval

Title:	Approved Regenerating - Application Form (Annex D)
Issue Number:	1
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Author(s):	AgriPurpose Foundation - Standards Secretariat
Date:	7 October 2026
Approved by:	Board of Trustees, AgriPurpose Foundation (Reviewed by Stakeholder Management Groups)
Date of Approval:	7 October 2026

Applicant information

- Legal name of Operator: _____
- Registered address: _____
- Country / Region: _____
- Contact person (name, role): _____
- Email / Phone: _____
- Preferred Certification Body (optional): _____

Operation description

- Total eligible agricultural area (ha): _____
- Number of eligible fields (as defined in the platform): _____
- Main production system(s): crops / livestock / mixed (specify): _____
- Main crops (last 3 years) and crop rotation description: _____
- Livestock (if relevant): species, herd size, system: _____

Scope of certification requested

- Requested certification scope is the overall farm: _____
- Publication in the online register (farms in a certified programme): ☐ Yes ☐ No (can be changed at any time)

Data and platform readiness

- Platform account email (AgriPurpose portal): _____
- Field polygons uploaded for all eligible fields: ☐ Yes ☐ No (If no, planned upload date: _____)
- Annual data availability (yields, inputs, energy, etc.) for last year: ☐ Yes ☐ No



RegenerationDialogue

- **RegenerationDialogue completed for this cycle (where required):** ☐ Yes ☐ No
- If yes: date(s) performed: _____ Facilitator (if any): _____

Soil sampling (Annex B + B1)

Provide the annual sampling plan for the current certification year (or attach). The plan must meet Annex B1.

- Sampling year: _____
- Total eligible area (ha): _____
- Total eligible fields: _____
- Fields proposed for sampling this year (IDs/names): _____
- Number of sampled fields: _____
- Soil samples (PSLs) per sampled field: _____ (minimum 3 per sampled field)
- Total number of soil samples (PSLs) planned: _____
- Computed ha/sample = total eligible ha / total planned samples: _____ (must be ≥ 3 unless cap 1b applies)
- If cap 1b applies (ha/sample < 3): confirm overall sampling limited to one third of fields: ☐ Yes ☐ N/A
- Sampling provider / contractor: _____
- Laboratory name and methods (SOC%, g of soil dry matter per sample, bulk density, pH, P, K):

Other labels, standards and quality assurance programs

- List all programs that your farm participates in (f.e. Organic, GlobalGAP, RTRS):

Declarations

- I declare that all information provided is accurate and complete to the best of my knowledge.
- I agree to provide access to records and sites required for certification audits, including an audit when selected under the sampling rules and at least once within the first five years in the programme.
- I understand that platform participation is separate from certification and does not itself grant label rights.
- I agree to comply with the scheme rules, including logo use rules and soil sampling requirements.
- I declare complying with all local laws, particularly in the areas of land ownership and land lease, environmental regulations, water rights, as well as regulations for animal welfare, seed patents and biotechnology, regulations for agricultural work and workers safety. In addition, compliance with food safety regulations and label programs.

Signature

Operator (authorised signatory): _____ Date: _____

Name / Title: _____