



Organic Handler Application

APPLICANT INFORMATION			License #	
Business Name		dba		
First Name	Last Name	Title		
Physical Address		City	State	ZIP
Mailing Address		City	State	ZIP
County	Phone		Alt Phone	
Fax	Email			
Export Type(s): (Check All that Apply)				
<input type="checkbox"/> EU (European Union) <input type="checkbox"/> COR (Canada) <input type="checkbox"/> MAFF (Japan) <input type="checkbox"/> Taiwan <input type="checkbox"/> Korea				

Certification Fees (Check All that Apply) - All application fees and fees for services are non-refundable upon receipt.		
New Applicant Credit (Deduct from Base Fee)	-\$100	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales less than \$20,000)	\$600	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales of \$20,001-40,000)	\$700	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales of \$40,001-100,000)	\$800	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales of \$100,001-250,000)	\$900	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales of \$250,001-500,000)	\$1000	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales of \$500,001-1,000,000)	\$1250	<input type="checkbox"/>
Base Fee (Operations with gross annual Organic sales over \$1,000,000)	\$1500	<input type="checkbox"/>
Producer/Handler Allowance (If in both categories) Subtract	-\$115	<input type="checkbox"/>
Late Fee (Application Submitted after September 15 th)	\$200	<input type="checkbox"/>
Late Fee (An additional \$100 is due for every month past October 15 th)	\$	<input type="checkbox"/>
Total	\$	

Organic Handler Operator Agreement

I(we) _____ of _____ agree to comply with
(Print Name(s)) (Business Name)

the following requirements for organic certification:

- 1. Complying with the Requirements of the Organic Certification Program:** Certified operators must continuously manage their operations in compliance with Department and USDA NOP (National Organic Program) standards and policies, and supply any information needed for evaluation of products to be certified.
- 2. Informing the Department about changes to the Operation:** Operators are required to inform the

Department of changes to the management practices documented on their most recent Organic System Plan.

3. Cooperating with Certification Processes: Certified Operations and applicants for certification must cooperate with the Department inspector to make arrangements for the inspection of their operation; prepare their documentation and records; and allow the Department inspector access to all areas of the operation, personnel, documents and records.

I(we) affirm that all statements made in this application are true and correct. I(we) agree to comply with the Organic Foods Production Act of 1990, National Organic Program (NOP) Rules and Regulations and all other program rules as provided with the application. I understand that the facility may be subject to unannounced inspection and that organic products may be sampled and tested for residues at any time. I understand that acceptance of this form in no way implies granting of certification by the Montana Department of Agriculture Organic Certification Program. I agree to provide further information as required by the Montana Department of Agriculture and/or the USDA-NOP.

CONTACT INFORMATION and SIGNATURE BOX	
<input type="checkbox"/> I(we) authorize the Department to publish my name, business name, contact information, list of organic products, and Certificate of Organic Operation on the Department’s website for information and marketing purposes.	<input type="checkbox"/> I(we) do not authorize the Department to publish my name, business name, contact information, list of organic products, and Certificate of Organic Operation on the Department’s website for information and marketing purposes.
<input type="checkbox"/> I would like to have letters, bills, certificates and other correspondence from the Department sent to me via email.	
Signature of Authorized Representative:	Date:
Printed Name:	Title: