Montana Department of Agriculture
Organic Certification Program
Annual Sales Report- Handlers

NAMES(S)		
BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	ALTERNATE PHONE NUMBER	FAX NUMBER
EMAIL ADDRESS		SOCIAL SECURITY OR TAX ID NUMBER
COUNTY (OR COUNTIES) WHERE BUSINESS IS LOCATED		MANAGER (IF DIFFERENT FROM THE APPLICANT)

In the table below, list your total gross sales and handling charges of organic products for the period (year) indicated. List sales made as Montana Department of Agriculture (MDA) certified and those certified by other organic certification agencies. Do not include any non-organic sales. You may report total sales/handling charges for individual products or (only) total sales/handling charges of all organic products. The Department may examine your sales records to verify this report. Refer to the Handler Fee Schedule, included with your Continuation of Certification Packet, to determine the appropriate assessment fee. Submit this Sales Report and the appropriate Assessment Fee with your application.

Report on Sales/Handling Charges made from: **January 1, 2011 (or your effective date of certification) through December 31, 2011**

PRODUCT	TOTAL GROSS SALES	TOTAL GROSS HANDLING CHARGES
TOTALS:		
ASSESSMENT FEE:		
TOTAL ASSESSMENT FEE DUE:		

Please remit to: **Montana Department of Agriculture- Organic Certification Program**
PO Box 200201 303 North Roberts
Helena, MT 59620-0201
phone: **(406) 444-9421** ***fax:*** **(406) 444-7336**
www.agr.mt.gov

The information provided on this Sales Report is true and accurate to the best of my knowledge. I maintain sales records, as described in my Organic System Plan, which verify this sales information.

Signature: _____ **Date:** _____