



# Organic Producer Application

Electronic versions available at agrorganic@mt.gov

Date:

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	
Email				

**Indicate the type of Organic Production System Plan you are submitting/requesting for certification: (Check All that Apply)**

<input type="checkbox"/> Organic	<input type="checkbox"/> Non-Organic	<input type="checkbox"/> Transitional/Conversion	<input type="checkbox"/> Fungi
<input type="checkbox"/> Crops	<input type="checkbox"/> Mammalian Livestock	<input type="checkbox"/> Avian Livestock	<input type="checkbox"/> Wild Crop

**Export (Check All that Apply)**

<input type="checkbox"/> European Union	<input type="checkbox"/> Canada	<input type="checkbox"/> Japan	<input type="checkbox"/> Taiwan	<input type="checkbox"/> Republic of South Korea
<input type="checkbox"/> Switzerland	<input type="checkbox"/> Other _____			

**Certification Fees** - All application fees and fees for services are non-refundable upon receipt.  
*Type the fees you row in the right hand column. The amount due will automatically be calculated*

Transitional Organic Only, with no Organic sales	\$600	
Fee (Operations with gross annual Organic sales less than \$20,000)	\$600	
Fee (Operations with gross annual Organic sales of \$20,001-40,000)	\$700	
Fee (Operations with gross annual Organic sales of \$40,001-100,000)	\$800	
Base Fee (Operations with gross annual Organic sales of \$100,001-250,000)	\$900	
Fee (Operations with gross annual Organic sales of \$250,001-500,000)	\$1000	
Fee (Operations with gross annual Organic sales of \$500,001-1,000,000)	\$1250	
Fee (Operations with gross annual Organic sales over \$1,000,000)	\$1500	
Livestock Fee	\$100	
Late Fee (Application <b>received</b> after March 15th) (New applicants may apply at any time)	\$200	
Late Fee (An additional \$100 is due for <b>every month past April 15<sup>th</sup></b> )	\$	
Sales Assessment Amount (Current sales report/renewals only):	\$	
Subtotal:	\$	
New Applicant Credit (Deduct from Fee)	\$100	
<b>Total Payment Amount Due:</b>	<b>\$</b>	
Inspection Cost (Previous year inspection amount.) New applicant will be provided an estimate:	\$	
<b>Annual Estimated Total Cost:</b>	<b>\$</b>	

Are you applying for Federal Crop Insurance while you transition to Organic? (Application due by June 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you applying for Federal crop insurance while applying for first time organic certification? (Application due by June 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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## ORGANIC PRODUCER OPERATOR AGREEMENT

I(we) \_\_\_\_\_ of \_\_\_\_\_ agree to comply with  
(Print Name(s)) (Farm/Ranch/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

Signature of Owner:	Date:
Printed Name:	Title:
<b>Signature of Authorized Representative</b> ( <i>If Owner Unavailable at Inspection</i> ):	Date:
Printed Name:	Title:

Email Completed Applications To: [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Mail Completed Applications To:  
Montana Department of Agriculture  
Attn: Organic Program  
302 North Roberts Street  
Helena, MT 59620