

## **Organic Handler Application**

Electronic versions available at agrorganic@mt.gov

Date:

Last Name   Physical Address   City	APPLICANT INFORMATION		
Physical Address  City  County  Phone  Email  Export (Check All that Apply)  EU (European Union) COR (Canada) JAS (Japan) Taiwan  Other  Importing Products?  Yes No If yes, please list:  Certification Fees All Application fees and fees for services are non-refundable upon receipt.  Sales less than \$20,000 \$600  Sales of \$20,001-40,000 \$700  Sales of \$40,001-100,000 \$800  Sales of \$100,001-250,000 \$900  Sales of \$550,001-1,000,000 \$1000  Sales of \$550,001-1,000,000 \$1000  Sales of \$500,001-1,000,000 \$1500  Late Fee (Renewal application submitted after September 15 <sup>th</sup> )(Does not apply to New Applicants)  Sales Assessment Amount (Sales report/renewals only) Check box if New Applicant:  Subtotal:  S	Business Name		
City   County   Phone	First Name	Last Nai	пе
Export (Check All that Apply)   Email	Physical Address	1	City
Export (Check All that Apply)  EU (European Union)	Mailing Address		City
Export (Check All that Apply)  EU (European Union)	County		Phone
EU (European Union)   COR (Canada)   JAS (Japan)   Taiwan     Other	Email		
EU (European Union)   COR (Canada)   JAS (Japan)   Taiwan     Other	Export (Check All that Apply)		
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Sales Under \$30,000	Inspection Cost Estimate (Previous year inspection	¢	



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Date:

## **Organic Handler Operator Agreement**

	agrees to comply with the following requirements for organic certification:
(Business Name)	

- 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.** <u>Informing the Department about changes to the Operation:</u> Operators are required to inform the Department of changes to the management practices documented on their most recent Organic System Plan.
- **3.** <u>Cooperating with Certification Processes:</u> 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:			
Signature of Authorized Representative: (If Owner Unavailable at Inspection)	Date:			
Printed Name:	Title:			

Email completed applications to: agrorganic@mt.gov

If it is not possible to email, mail completed applications to:

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