Organic Handler Application

Montana Department of Agriculture

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		

Export (Check All that Apply)

☐ EU (European Union)   ☐ COR (Canada)   ☐ JAS (Japan)   ☐ Taiwan   ☐ Republic of Korea

☐ Switzerland   ☐ Other _____

Importing Products?

☐ Yes   ☐ No

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

Base Fee (Operations with gross annual Organic sales less than $20,000)	$600	
Base Fee (Operations with gross annual Organic sales of $20,001-40,000)	$700	
Base 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	
Base Fee (Operations with gross annual Organic sales of $250,001-500,000)	$1000	
Base Fee (Operations with gross annual Organic sales of $500,001-1,000,000)	$1250	
Base Fee (Operations with gross annual Organic sales over $1,000,000)	$1500	
Late Fee (Application submitted after September 15th) (New applicants may apply at any time)	$200	
Late Fee (An additional $100 is due for every month past October 15th)	$	
Sales Assessment Amount (Current sales report/renewals only):	$	
Subtotal:	$	
Producer/Handler Allowance (If in both categories) (Deduct from Fee)	$115	
New Applicant Credit (Deduct from Fee)	$100	
Total Payment Amount Due:	$	
Inspection Cost (Previous year inspection invoice amount/renewals only):	$	
Annual Estimated Total Cost:	$	

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	
Signature of Owner:	Date:
Printed Name:	Title:
Signature of Authorized Representative *(If Owner Unavailable at Inspection)*:	Date:
Printed Name:	Title:

Mail Completed Applications To:

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