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**National Organic Program Certification Application**

Organization Name: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code Country

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Person Responsible for Certification Program: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Have you ever applied for certification through any other organic certifying agent or agents?**  
(If yes, you must supply the name of all the certifying agents with which you have applied, the date of the application to those certifying agents and the results of those applications. Copies of all noncompliance notifications, denials of certification, and a description of the corrective actions taken including evidence of the corrective action for those noncompliances.)

**The applicant shall attach a copy of the organization's organic production or handling system plan.**  
The applicant shall attach any additional information which would assist in the determination of the application's compliance with the requirements of the National Organic Program. The applicant shall attach a copy of the organization's organic production or handling system plan.

In submitting this signed application, the above named organization is declaring it's commitment to compliance with the principle requirements of the USDA National Organic Program. This declaration also includes the commitment to pay any and all fees imposed by the NOP Program and the fees and expenses incurred by Primus Auditing Operations as the Certifying Agent in the performance of the inspection and certification activities.

Authorizing Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

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**AREA BELOW DOUBLE LINE FOR PRIMUS AUDITING OPERATIONS USE ONLY**

**Application Receipt Date:**

**Registration Effective Date:**

**Registration Number: PLC-**