**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, Country)

Telephone: Fax:

**Have you ever applied for certification through any other organic certifying agent or agents?**

If yes, you must supply the following: 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 non-compliance notifications, denials of certification, and a description of the corrective actions taken including evidence of the corrective action for those non-compliances.

**Submit a copy of the organization’s organic crop or handling system plan.**

In addition, submit any supporting information which would assist in the determination of the application’s compliance with the requirements of the National Organic Program.

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 SignaturePrint NameDate