The National Organic Program allows for “Private Label” agreements on organic labels and packaging.  Approval for these situations and instructions to accredited certification agents and certified entities can be found in the NOP Handbook, section G, Policy Memos, “PM 11-7; 10/31/2011 “.

1. **Primus Certified Entity Request (manufacturer or packer)**
2. **Company**:  **PA-OR**:
3. **Company physical address:**
4. **Contact email address #:**  **Phone:**
5. **Person completing form:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 2. Products - TO BE LISTED IN CERTIFICATE BY ID MARK AND MARKET NOP Rule 205.201 | | | | | | |
| **PRODUCT**  if marketed / labeled  by specific varieties  please list them separately | **ID Mark Description**  list all Brand Names include all non retail & retail names as it appears –include wt., count or size  **use one separate line per each id mark** | **ID Mark: Retail or Non Retail** | **Level of Claim:**  **Organic or 100%Organic** | **Market** | |  |
| **NOP** | **equivalency or Agreement** | **Office Use Only** |
|  |  | Choose an item. | Choose an item. |  |  |  |
|  |  | Choose an item. | Choose an item. |  |  |  |
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1. **On the labels listed in section 2 above:**
   1. Is Primus Auditing Ops identified as the Accredited Certification agent *(i.e labels state “Certified Organic by: Primus Auditing Ops (PAO)”)?* Yes / \*  No
2. *\*If* ***No****,* who is listed as the certification agent?

Name of certification agent**:**

Contact Person:

b) Is the Private Label Owner/Company certified organic by a certifier other than PAO? \*Yes  No

1. *\*If* ***Yes****, please attach the Private Label Owner’s organic certificate*

c)Who is responsible for designing the label(s)?

Primus Auditing Ops Certified Entity/Operation (listed in section 1) Private Label Owner

d)Who is responsible for printing the label(s)?

Primus Auditing Ops Certified Entity/Operation (listed in section 1) Private Label Owner

e)Who is responsible for the inventory of the label(s)?

Primus Auditing Ops Certified Entity/Operation (listed in section 1) Private Label Owner

1. **The Information listed below must be answered and completed by the Private Label Company:**
2. The labels identified above are exclusively used by the PAO Certified operation who is labeling organic products for us (i.e. no other entity or operation uses /packs products into the labels listed above)  True  False

b) Will the label use the PAO logo or list Primus Auditing Ops as the certifier? \*Yes  No

1. *\*If* ***Yes****, complete the below information about the private label owner:*

* Company Name:
* Contact Name:  Phone:
* Business Address:
* Contact Email Address:

**Agreement and Signatures**

**I agree that I am an authorized representative of the distributor / private label company identified above. The information on this form and associated attachments is complete and accurate to the best of my knowledge. Labels listing PAO as the agent will be used exclusively on product made or packaged at the PAO certified facility named above in section 1. Any changes to the labels listed above will be submitted to the PAO Certified Operation whenever such changes are made. I understand that NOP regulations require PAO to give final approval for all labels used by their clients, even when another certifier may be listed on the label.**

 

Private Label Representative Signature Title Within Company  Date

(Full Name)

**Submit completed form by email to** [**OrganicAdmin@PAO-USA.com**](mailto:OrganicAdmin@PAO-USA.com)