U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAMS

CERTIFIED ORGANIC HANDLER APPLICATION FOR EXEMPTION FROM MARKETING PROMOTION ASSESSMENT PAID UNDER FEDERAL MARKETING ORDERS

SECTION 1 - HANDLER APPLICATION

To request an exemption from assessment under the applicable Federal marketing orders, the handler must operate under an approved organic process system plan authorized by the National Organic Program (NOP), and handle or market only products that are eligible for a 100% organic product label under the NOP. The information on this form is required to make a determination concerning a handler's eligibility for exemption. PLEASE SUBMIT THIS APPLICATION TO THE APPROPRIATE MARKETING COMMITTEE/BOARD.

TO:		DA	TE:
MARKETING COMMITTEE/E	BOARD MA	ARKETING ORDER NUMBER	
APPLICANT'S NAME:			
NAME OF COMPANY:			
MAILING ADDRESS:			
CITY		STATE	ZIP
TELEPHONE NUMBER (Include A	Area Code):		
FAX NUMBER (Include Area Code	e):		
E-MAIL ADDRESS (Optional):	-7.		
IN ORDER TO BE EXEMPT, THE ABOVE-NAMED ENTITY MUST MEET ALL OF THE FOLLOWING (<i>Please check</i>):			
Operate under an approved organic process system plan authorized by the National Organic Program (NOP), and handle or market products that are eligible for a 100% organic product label under the NOP.			
Is not a split operation as de	fined by the Organic Foods Pro	oduction Act (OFPA) and the NOP	
Is subject to assessments under the Federal marketing order program for which this exemption is requested.			
PLEASE LIST ALL COMMODITIES separate sheet, if necessary)	S HANDLED OR MARKETED	AND CHECK THE APPROPRIAT	E BOX(ES): (Attach
COMMODITY HANDLED/	ELIGIBLE TO BE LABELED	COMMODITY HANDLED/	ELIGIBLE TO BE LABELED
MARKETED	AS 100 % ORGANIC?	MARKETED	AS 100% ORGANIC?
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
	Yes No		Yes No
,	Yes No	,	Yes No
		L	

IF APPLICABLE, PLEASE INDICATE THE NUMBER OF PRODUCERS FOR WHOM YOU HANDLE OR MARKET, AND INCLUDE YOURSELF IN THE TOTAL IF YOU HANDLE OR MARKET YOUR OWN PRODUCTION:

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A COPY OF YOUR ORGANIC HANDLING OPERATION CERTIFICATE PROVIDED BY A USDA-ACCREDITED

CERTIFYING AGENT UNDER THE OFPA AND THE NOP <u>MUST BE ATTACHED</u> ; IF APPLICABLE, A COPY OF YOUR NOP PRODUCER CERTIFICATE, AND AN NOP CERTIFICATE FOR EACH ADDITIONAL PRODUCER, FOR WHOM YOU HANDLE OR MARKET, <u>MUST BE ATTACHED</u> .
I certify that my firm meets these requirements and is eligible for an organic assessment exemption under the above-named Federal marketing order for the 20 assessment period.
Signature
Title
Date
Any false statement or misrepresentation may result in a fine of not more than \$10,000, or imprisonment for not more than five years, or both. (18 U.S.C. 1001).
SECTION 2 - COMMITTEE/BOARD NOTIFICATION OF EXEMPTION (To be completed by Committee or Board only)
Your application dated requesting exemption from marketing promotion assessments, including paid advertising, as specified under the provisions of § 900.700 has been:
Approved, subject to compliance with § 900.700 regulations for the 20 through 20 assessment period.
Disapproved (Attached are the reasons for disapproval)
Marketing Committee/Board Representative Signature Date

NOTE: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0581-0216. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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