

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: DATE:

MARKETING COMMITTEE/BOARD

MARKETING ORDER NUMBER

APPLICANT'S NAME:

NAME OF COMPANY:

MAILING ADDRESS:

CITY STATE ZIP

TELEPHONE NUMBER (Include Area Code):

FAX NUMBER (Include Area Code):

E-MAIL ADDRESS (Optional):

IN ORDER TO BE EXEMPT, THE ABOVE-NAMED ENTITY **MUST** MEET ALL OF THE FOLLOWING (Please check):

- 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 defined by the Organic Foods Production 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 HANDLED OR MARKETED, AND CHECK THE APPROPRIATE BOX(ES): (Attach separate sheet, if necessary)

COMMODITY HANDLED/ MARKETED	ELIGIBLE TO BE LABELED AS 100 % ORGANIC?	COMMODITY HANDLED/ MARKETED	ELIGIBLE TO BE LABELED AS 100% ORGANIC?
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

A COPY OF YOUR ORGANIC HANDLING OPERATION CERTIFICATE PROVIDED BY A USDA-ACCREDITED CERTIFYING AGENT UNDER THE OFPA AND THE NOP **MUST BE ATTACHED; AND,**

IF APPLICABLE, A COPY OF YOUR NOP PRODUCER CERTIFICATE, AND AN NOP CERTIFICATE FOR EACH ADDITIONAL PRODUCER, FOR WHOM YOU HANDLE OR MARKET, **MUST BE ATTACHED.**

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 through 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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