U.S. DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

FRUIT AND VEGETABLE PROGRAM

**CERTIFIED ORGANIC HANDLER APPLICATION**

**FOR EXEMPTION FROM MARKET PROMOTION ASSESSMENTS**

**PAID UNDER FEDERAL MARKETING ORDERS**

**SECTION 1 - HANDLER APPLICATION**

To request an exemption from assessment under the applicable Federal marketing order, 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.

Date:

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Committee/Board) Marketing Order No.: \_\_\_\_\_\_\_\_

Applicant’s Name:

Company:

Mailing Address:

Telephone No.: Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 NOP, and handle or market only products that are eligible for a 100% organic product label under the NOP.

□ Not be a split operation, as defined by the Organic Foods Production Act (OFPA) and the NOP.

□ Be subject to assessments under the applicable Federal marketing order for which this exemption is requested.

Please list all commodities handled or marketed, and check the appropriate box(es) *(attach a separate sheet, if necessary)*:

|  |  |  |  |
| --- | --- | --- | --- |
| Commodity Handled/Marketed | Eligible to be Labeled as 100% Organic? | Commodity Handled/Marketed | Eligible to be Labeled as 100% Organic? |
|  | □ Yes □ No |  | □ Yes □ No |
|  | □ Yes □ No |  | □ Yes □ No |
|  | □ Yes □ No |  | □ Yes □ No |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach the following:**

1. A copy of your organic operation certificate provided by a USDA-accredited certifying agent under the OFPA and the NOP; *and*
2. A copy of your NOP producer certificate, and a NOP certificate for each additional producer for whom you handle or market.

**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 Date

**SECTION 2 - COMMITTEE/BOARD NOTIFICATION OF EXEMPTION** *(completed by Committee/Board)*

Your application dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, 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

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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