

# Organic Exemption Request Form

Persons that produce and market only products eligible to be labeled as "100 percent organic" may request exemption from assessment under research and promotion programs. The information on this form is required to make a determination concerning a person's eligibility for exemption.

**Type of Operation:**  Domestic Manufacturer  Importer

**Please complete the following:**

Company name:		Phone:	
Street address:		Fax:	
City/State/Zip code:		E-mail (optional):	

**In order to be exempt, the above-named company must meet all of the following** (please check):

- Operates under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205)
- Manufactures or imports only products eligible for a 100% organic label under the NOP
- Is not a split operation as defined by the Organic Foods Production Act of 1990

**Please list all commodities produced or imported** (Use continuation sheet if necessary):

labeled as Commodity	Eligible to be 100%	labeled as Commodity	Eligible to be 100%
Organic? _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Organic? _____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>



A copy of this company's organic farm or organic handling operation certificate provided by a USDA-accredited certifying agent **must be** attached. Importers should attach a copy of this certificate from *each person* from whom they receive products.

### Certification Statement

I certify that, at the signing of this statement and for the signed date, the above is true.

\_\_\_\_\_  
Signature Title Date

Please return this form to:

Paper & Paper-Based Packaging Promotion, Research  
and Information Board  
Street  
City, State, Zip

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AMS-15 (08-07)

*If you need more space to list commodities, please use this sheet.*

**Continuation Sheet for AMS-15  
Organic Exemption Request Form**

Paper & Paper-Based Packaging Promotion, Research and Information Board

Company Name: \_\_\_\_\_

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**Please list all commodities manufactured or imported**

labeled as Commodity	Eligible to be 100%	labeled as Commodity	Eligible to be 100%
Organic? _____	Y <input type="checkbox"/> N <input type="checkbox"/>	Organic? _____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
_____	Y <input type="checkbox"/> N <input type="checkbox"/>	_____	Y <input type="checkbox"/> N <input type="checkbox"/>