

# Organic Exemption Request Form

OMB No. 0581-0093

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:** Insert appropriate program operations. See supplemental list. *(Boards that assess only one type of operation may omit this section.)*

**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)
- Produces/handles/imports/exports/processes 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 /handled /imported /exported /processed** (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. *(Boards that do not assess importers may delete the second sentence.)*

### 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:

[Insert Board/Council/other entity]

\_\_\_\_\_  
\_\_\_\_\_

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*See reverse for burden/non-discrimination statement*

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## AMS-15 Supplemental List

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### Type of Operation Selections:

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- Producer     Handler     First Handler     Processor     Importer      
Exporter
- Seed Stock Producer     Feeder     Domestic Manufacturer

