U.S. DEPARTMENT OF AGRICULTURE

AGRICULTURAL MARKETING SERVICE

SPECIALTY CROPS PROGRAM

**CERTIFIED ORGANIC HANDLER APPLICATION**

**FOR EXEMPTION FROM MARKET PROMOTION ASSESSMENTS**

**PAID UNDER FEDERAL MARKETING ORDERS**

**SECTION 1 - HANDLER APPLICATION**

The information on this form is required to make a determination concerning a handler’s eligibility for exemption from the portion of a Federal marketing order assessment applicable to marketing promotion, including paid advertising. PLEASE SUBMIT THIS APPLICATION TO THE APPROPRIATE MARKETING COMMITTEE/BOARD.

Date:

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

Applicant’s First and Last Name:

Company:

Mailing Address:

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

Email Address (*optional*):

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

□ Maintain a valid organic certificate issued under the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq.) (OFPA) and the National Organic Program (NOP).

□ Handle or market organic products eligible to be labeled ‘organic’ or ‘100 percent organic’ under the NOP.

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

Please indicate the number of organic certified producers for whom you handle or market, and include yourself in the total if you handle or market your own production: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a copy of your certificate of organic operation and all applicable producer certificates of organic operation provided by a USDA-accredited certifying agent under the OFPA and the NOP.**

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

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

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 15 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.

**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

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