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FORM APPROVED – OMB NO. 0581-0191

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR ACCREDITATION	Please fax to (202) 205-7808 – mail original to: Associate Deputy Administrator, National Organic Program USDA, AMS, TM, NOP 1400 Independence Ave., SW, Room 4008 So., Ag Stop 0268 Washington, DC 20250
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NOTE: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of this program. Submission of the Tax identification Number (TIN) or Employer Identification Number (EIN) is mandatory, and will be used to determine affiliation or entity identity. Please note that background statements will not become invalid if a TIN or EIN is not disclosed.

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 collection is 0581-0191. The time required to complete this information collection is estimated to average 80 hours annually per certifying agent. This includes time for reviewing instructions, searching data sources, gathering and maintaining data, and completing and reviewing the collection of information.

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The undersigned hereby applies for accreditation to the National Organic Program, U.S. Department of Agriculture.	
Business Name, Mailing Address, and Primary Office Location (if different)	Name of person responsible for day-to-day operations: Title of person responsible for day-to-day operations: Tax ID#
Telephone Number: Fax Number:	E-Mail address:

PLEASE ESTIMATE THE ANNUAL ANTICIPATED NUMBER OF CERTIFICATIONS FOR EACH TYPE OF ACCREDITATION					
	CROPS		LIVESTOCK		WILD CROP
					HANDLING
LEGAL STATUS (Check one)					
<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> FOR-PROFIT BUSINESS	<input type="checkbox"/> NOT FOR PROFIT BUSINESS	<input type="checkbox"/> OTHER (Specify)		

I, (We), affirm that, if granted accreditation, I (we) will carry out the provisions of 7 CFR Part 205 including:

1. Accepting the certification decisions made by another certifying agent accredited or accepted by USDA;
2. Refraining from making false or misleading claims about my (our) accreditation status, the USDA accreditation program for certifying agents, or the nature or qualities of products labeled as organically produced;
3. Conducting an annual performance evaluation of all persons who review applications for certification, perform on-site inspections, review certification documents, evaluate qualifications for certification, make recommendations concerning certification, or make certification decisions and implement measures to correct any deficiencies in certification services;
4. Having an annual internal program review conducted of my (our) certification activities by myself, my (our) staff, an outside auditor, or a consultant who has the expertise to conduct such reviews and implement measures to correct any noncompliance's with the Organic Foods Production Act of 1990 (Act) and the provisions of 7 CFR Part 205;
5. Paying and submitting fees to AMS;
6. Complying with, implementing, and carrying out any other terms and conditions determined by the Administrator to be necessary;
7. *(Items 7, 8, and 9 apply only to private entities)*
Holding the Secretary harmless for any failure on my (our) part to carry out the provisions of the Act and 7 CFR Part 205;
8. Furnishing reasonable security, in an amount and according to such terms as the Administrator may by regulation prescribe, for the purpose of protecting the rights of production and handling operations that I (we) certify under the Act and 7 CFR Part 205;
9. Transferring to USDA and making available to the applicable State organic program's governing State official all records or copies of records concerning my (our) certification activities in the event that I (we) dissolve or lose my (our) accreditation.
Such transfer does not apply to a merger, sale, or other transfer of ownership of a certifying agent.

SIGNATURE OF APPLICANT OR REPRESENTATIVE	PRINT OR TYPE NAME OF SIGNEE
TITLE OF APPLICANT OR REPRESENTATIVE	DATE

PLEASE ATTACH:
 1) A list of each organizational unit, such as chapters or a subsidiary office including the name, office location, mailing address, and contact number (telephone, facsimile, and Internet address), and the name of a contact person for each unit; 2) A copy of the fee schedule for all services to be provided under these regulations by the applicant; 3) For a government entity, a copy of the official's authority to conduct certification services under 7 CFR Part 205; 4) For a private entity, documentation showing the entity's status and organizational purpose, such as articles of incorporation and by-laws or ownership or membership provisions, and its date of establishment; 5) A list of each State or foreign country in which the applicant currently certifies production and handling operations and a list of each State or foreign country in which the applicant intends to certify production and handling operations; 6) The requirements of 7 CFR Part 205, § 205.504, Evidence of expertise and ability.

FOR USE BY USDA		
DATE OF RECEIPT	NAME OF RECIPIENT	SIGNATURE OF RECIPIENT