

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE APPLICATION FOR ACCREDITATION	Please send electronic version to: AIAInbox@usda.gov OR mail paper version to: National Organic Program c/o Accreditation Division 1400 Independence Ave., SW, Room 2648 So., Ag Stop 0268 Washington, DC 20250-0268
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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 93.75 hours per initial response and 1 hour per five-year accreditation cycle for certifiers renewing their accreditations; 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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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)							
	GOVERNMENT		FOR-PROFIT BUSINESS		NOT FOR PROFIT BUSINESS		OTHER (Specify)

I, (We), affirm that, if granted accreditation, I (we) will carry out the provisions of 7 CFR Part 205, including the requirements of 7 CFR Part 205.501 General Requirements for Accreditation.

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

FOR APPLICANTS FOR ACCREDITATION, 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 numbers (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 CERTIFIERS WHO HAVE HAD THEIR ACCREDITATION SUSPENDED AND ARE APPLYING TO HAVE THEIR ACCREDITATION REINSTATED, PLEASE ATTACH: The aforementioned six items for applicants for accreditation as well as documentary evidence that the applicant has corrected previously cited noncompliances, is in compliance with the regulations and is capable of remaining in compliance.

FOR USDA-ACCREDITED CERTIFIERS RENEWING THEIR ACCREDITATION, DO NOT ATTACH ANY OTHER DOCUMENTATION WHEN SUBMITTING THIS FORM. THE NOP WILL REQUEST THIS INFORMATION AFTER SCHEDULING YOUR RENEWAL ASSESSMENT.

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