RF	PRODUCE LOCALLY. I	Include form num	ber and editio	n date o	n all repro	oductions.		FORM APPROVED – OMB NO. 0581-0191	
A CDICULTUDAL MADIZETNIC CEDUICE					Please send electronic version to AIAInbox@ams.usda.gov and mail original to:				
AGRICULTURAL MARKETING SERVICE						Deputy Administrator, National Organic Program			
						USDA, Agricultural Marketing Service			
APPLICATION FOR ACCREDITATION							1400 Independence Ave., SW, Room 2648 So., Ag Stop 0268		
Washington, DC 20250-0268 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								
								timated to average 93 hours 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all									
its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication									
of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.									
The undersigned hereby applies for accreditation to the National Organic Program, U.S. Department of Agriculture. Business Name, Mailing Address, and Primary Office Location (<i>if different</i>) Name of person responsible for day-to-day operations:									
Би	smess Name, Maning Aud	/ Office Local	1011 (<i>tj a</i>	Name of person re	Name of person responsible for day-to-day operations:				
				Title of person rec	Title of person responsible for day-to-day operations:				
						The of person responsible for day-to-day operations:			
						Tax ID#	Tax ID#		
Telephone Number:						EMail address:	EMail address:		
Fax Number:									
PL		ANNUAL ANTIC			OF CERT			YPE OF ACCREDITATION	
TE	CROPS	-)	LIVES	TOCK		WILD CI	ROP	HANDLING	
LE	GAL STATUS (Check one GOVERNMENT	FOR-PR	OFIT		NOT FO	OR PROFIT		OTHER (Specify)	
	GOVERNMENT	BUSINE			BUSINI			(specify)	
I, (W	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.									
	qualities of products labeled as organically produced;								
3.									
	evaluate qualifications for certification, make recommendations concerning certification, or make certification decisions and implement measures to correct any								
	deficiencies in certification services;								
4.									
	expertise to conduct such reviews and implement measures to correct any noncompliance's with the Organic Foods Production Act of 1990 (Act) and the								
5.	provisions of 7 CFR Part 205; Deving and submitting face to AMS:								
5. 6.									
0. 7.									
<i>'</i> .	. (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.								tion prescribe, for the purpose of protecting the rights	
0.		•	-			•	jioguiu	and presence, for the purpose of protecting the rights	
9.	of production and handling operations that I (we) certify under the Act and 7 CFR Part 205; 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 co									
SIGNATURE OF APPLICANT OR REPRESENTATIVE PRIN						PRINT OR TYPE NA	RINT OR TYPE NAME OF SIGNEE		
TITLE OF APPLICANT OR REPRESENTATIVE					DATE				
PLI	EASE 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									
(tele	phone, facsimile, and In	ternet address),	and the name	of a co	ontact per	son for each unit; 2)	A copy	of the fee schedule for all services to be provided	
und	er these regulations by th	e applicant; 3) F	or a governn	nent en	tity, a cop	by of the official's aut	thority	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 it's date of establishment; 5) A list of each State or foreign country in which the applicant currently certifies									
								licant intends to certify production and handling	
operations; 6) The requirements of 7 CFR Part 205, § 205.504, Evidence of expertise and ability.									
				E BY USDA					
DATE OF RECEIPT NAME OF RECIPIENT							SI	GNATURE OF RECIPIENT	
-							t i		

TM-10CG (10-13)