



ORGANIC CERTIFICATION APPLICATION

Not submitting materials within two weeks of application may result in a noncompliance or denial of certification.

Table with 4 columns: CROP - New, Crop - Renewal, HANDLER- New, Handler - Renewal. Rows include Application form & fee, Organic System Plan, Site Registration(s), Input Inventory, Greenhouse Addendum, and Previous Land Use Declaration.

Application fees are non-refundable. Please contact ODA to see if other forms are needed.

This form and payment information must be mailed or faxed. See page 3 for payment instructions. Do not email credit card information.

All other supporting application materials can be sent to:

Email: certification@oda.oregon.gov
Fax: (503) 986-4737

Mail: Oregon Department of Agriculture
Organic Certification Program
635 Capitol St NE
Salem, OR 97301

Questions or comments? Call 503-986-4620 or email certification@oda.oregon.gov

Date:

Legal Business Name:

DBA:

Legal Business Status: Trust/ non-profit Corporation LLC
Legal Partnership Sole Proprietorship Cooperative Other:

Main contact name(s):
phone(s):
e-mail(s):

Physical Address:

Mailing Address:

Website:



Organic Operator Agreement

I, _____, as an authorized representative of _____
(business name) depose and agree to:

1. Fully comply with all applicable organic production and handling regulations in accordance with Title 7 CFR Part 205 National Organic Program Rule and the program requirements of the Oregon Department of Agriculture (ODA) Organic Certification Program.
2. Establish, implement, and update annually an organic production or handling system plan that will be submitted to the ODA Organic Certification Program.
3. Supply the ODA Organic Certification Program with all information required to verify compliance with the National Organic Program Rule.
4. Allow annual, on-site inspections with complete access to the production or handling operation, including non-certified production and handling areas, structures, and offices by the ODA Organic Certification Program staff. These inspections may be announced or unannounced at the discretion of the ODA Organic Certification Program or as required by the Administrator of the National Organic Program.
5. Maintain all records applicable to the organic operation for not less than five (5) years beyond their creation.
6. Allow authorized representatives of the ODA Organic Certification Program, or the Secretary of Agriculture access to the records under normal business hours for review and copying to determine compliance with the National Organic Program Rule.
7. Submit to the ODA Organic Certification Program the applicable fees for service as described on the most current fee schedule.
8. Immediately notify the ODA Organic Certification Program about any application, including drift, or a prohibited substance to any field, production unit, site, facility, livestock, or part of an operation.
9. Immediately notify the ODA Organic Certification Program of any change in your certified operation or portion of it that may affect its compliance with the National Organic Program Rule and submit all updates via an Organic System Plan.

Signature	Title	Date
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Payment Instructions

Please indicate your method of payment below.

Checks or money orders must be mailed:

Mail (USPS only)

This option allows for faster processing.

Oregon Department of Agriculture
PO Box 4395 Unit 17
Portland, OR 97208-4395

Mail (other carriers accepted)

This option requires additional steps for checks and money orders, and may take longer to process.

Oregon Department of Agriculture
Attn: Cashier
635 Capitol St NE
Salem, OR 97301-2532

Credit card payments must be mailed or faxed – do not e-mail credit card information:

Mail:

Oregon Department of Agriculture
Attn: Cashier
635 Capitol St NE
Salem, OR 97301-2532

Secure Fax: 503-986-4746

For Visa, MasterCard, Discover, or American Express charges, please complete the following information:

Business Name:		
Name of Cardholder:		Phone:
Address of Cardholder:	City/State:	Zip:
Receipt by fax or email only. Print email address or fax #:		
Signature:		Total Charges:
Card Number:		Expiration Date: