

Michigan Department of Agriculture

Pesticide & Plant Pest Management Division

Telephone: (517) 373-1075

Fax: (517) 335-4540

Application for Registration of Organic Handlers/Producers

In accordance with Act 316 of 2000, Sec. 19 (1)

Expires December 1, 20__

COMPLETE ALL APPLICABLE BLANKS AND BOXES. SIGN AND DATE BACK OF FORM

the appropriate box New Renewal

Date	Federal I.D. Number
Applicant/Company	
Certificate of Assumed Name (if applicable)	
Street Address	
Mailing Address	County
City, State, Zip Code	
Responsible Party (The person who would be contacted if there were questions about this application or other organic-related issues)	
Title:	
Telephone ()	Fax ()
E-Mail Address	
Type of Business	
Certifying Agents Name	
Certifying Agents Address	
Certifying Agents Name	
Certifying Agents Address	
Certifying Agents Name	
Certifying Agents Address	

****Please complete **FORM A**, Organic Agricultural Products list****

TO COMPLETE APPLICATION – GO TO REVERSE SIDE

Fee schedule is as follows:

Gross Organic Sales	Registration Fee	Check Appropriate Box
\$0-\$5,000	\$10	<input type="checkbox"/>
\$5,001-\$25,000	\$25	<input type="checkbox"/>
\$25,001-\$100,000	\$50	<input type="checkbox"/>
\$100,001-\$500,000	\$100	<input type="checkbox"/>
\$500,001-\$1,000,000	\$200	<input type="checkbox"/>
\$1,000,001-above	\$400	<input type="checkbox"/>

Please provide support documentation (sales information from the past 12 months), which will enable MDA to verify the amount of the registration fee.

I hereby certify that the information above is true and accurate to the best of my knowledge.

Applicant (Signature)

Date

Please Print Name

Title

Please submit this form with other attachments and a check made out to "State of Michigan" for completion of registration to the address below:

**Colleen M. Collier
Michigan Department of Agriculture
Pesticide & Plant Pest Management Division
P.O. Box 30017
Lansing, MI 48909**

