

Form #1 - Registration Form

For Official Use Only (County Reviewer)	
Name of Reviewer	
Reviewer Signature	
Date Entered	
Registration Number	

Application Type		Operation Type	
<input type="checkbox"/> Renewal <input type="checkbox"/> New Registration <input type="checkbox"/> Amendment		<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor	
Company Information		Company Mailing Address	
Company Name		Address	
Phone	Fax	Address Cont.	
Principal County of Operation		City	State
		Zip/Postal Code	Country
How would you prefer to renew your annual registration: <input type="checkbox"/> Online <input type="checkbox"/> Mail (2-3 week processing time)			
Company Physical Address		Owner Information	
Physical address same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner's address same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Name	
Address Cont.		Company Name	
City	State	Owner Address	
Zip/Postal Code	Country	Owner Address Cont.	
Is the owner a U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of a DD214 is required and must be attached.		City	State
Is the owner also the Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Zip/Postal Code	Country
Owner's preferred method of contact:		Owner's Email	Phone
Primary Contact		Additional Contact	
Same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Name	
Address		Address	
Address Cont.		Address Cont.	
City	State	City	State
Zip/Postal Code	Country	Zip/Postal Code	Country
Email	Phone	Email	Phone
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone		Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	

Read and sign below

I certify that the information associated with this registration is true and correct, to the best of my knowledge, and I agree to abide by the California Organic Food and Farming Act and the National Organic Program regulations.

_____ Date ____/____/____

Registrant Signature

Print Name

Title

month day year

Instructions for Form #1 – Registration Form

A completed registration packet and payment must be submitted directly to CDFA for review and initial approval.
Make all checks payable to: CDFA Cashier.

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Leave this area blank. This box is designated for CDFA staff.

Application Type

Please indicate the type/purpose of the application you are submitting.

Renewal – Check this box if you are submitting this application to renew an existing organic registration.

New Registration – Check this box if you are new to the organic industry.

Amendment – Check this box if you are adding a site/facility, adding acreage, or changing/adding an operation type to your existing organic registration.

Operation Type [Mark the box(es) that describe your organic operation.]

Producer - the entity that engages in the business of growing or producing organic food, including livestock, feed, or fiber.

Handler - any person or entity that packs, repacks, labels, sorts, stores or otherwise handles organic products, including any organic product that is outside the jurisdiction of the California Department of Public Health.

Processor - CDFA registers processed dairy products and minimally processed meats sold in an unfrozen state, including cut, wrapped, and unseasoned only. Also, processors not required to register with the California Department of Public Health must register with the California Department of Food and Agriculture.

Company Information (Complete all of the requested information)

Company Name and Mailing Address- Provide the company name and mailing address.

Note: If you are certified, the “Company Name” listed must match the company name listed on your organic certification.

Principal County of Operation – The county in California in which the majority of your operation’s production, business, or sales take place.

Company Physical Address - Fill out all the requested information if different from the company mailing address.

[the actual physical address of the company office or facility (cannot be a PO Box)]

Owner Information- Information regarding person who owns the operation.

[“Company Name”- Complete if operation is owned by another company.]

Veterans Exemption- The state of California allows an exemption for Military Veterans from paying certain fees associated with doing business in this state. If you are an honorably discharged veteran you may elect to choose the exemption. If you choose not to select the exemption then you will be required to pay all applicable fees.

Primary Contact and Additional Contacts- Please indicate who you would like to be your primary contact and provide additional contacts if applicable.

Read and Sign

By signing you certify that the information associated with the application for registration is true and correct, to the best of your knowledge and you agree to abide by the California Organic Food and Farming Act and the National Organic Program regulation.