



Application for Organic Registration

Please complete the following application and mail to:

Idaho State Department of Agriculture
Organics Program
PO Box 790
Boise, ID 83701

For Office Use Only
O #: _____
Date Received: _____
Amount Paid: _____

Or submit electronically to brandon.lamb@agri.idaho.gov or fax to 208-334-2170.

1. Contact Information.

Farm/Business Name:				
Applicant/Contact:				
Mailing Address:	City:	State:	Zip:	County:
Physical Address:	City:	State:	Zip:	County:
Telephone Number:	Fax Number:			
Email:				

2. Base Fee (Please check one of the following that best describes your operation based on annual gross organic sales)

<input type="checkbox"/> Producer and/or handler with annual gross organic sales less than \$2,000.....	\$60
<input type="checkbox"/> Producer and/or handler with annual gross organic sales between \$2,001 and \$4,999.....	\$75
<input type="checkbox"/> Producer and/or handler certified by an agent other than the Department.....	\$50
<input type="checkbox"/> Agent certifying producers and/or handlers.....	\$50

3. Products Requested for Registration (Please list products requesting organic registration)

<input type="checkbox"/> Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Handler/Processor <input type="checkbox"/> Certifying Agent
Products Produced:
Products Handled:

I affirm that all statements made in this application regarding organic annual gross sales are true and correct. I understand that acceptance of this questionnaire in no way implies granting of certification by the Idaho State Department of Agriculture.

Signature of Applicant

Date