





I understand that I have the right to obtain a printed copy of this or any other document I have executed using an "electronic signature" from AI, using the procedure and conditions described above.

I understand that an "electronic signature" is binding, valid, and has the same full legal effect of an "original handwritten signature". I agree that this document shall not be held to be unenforceable, inadmissible, or invalid on the basis that it contains an "electronic signature" rather than a "handwritten original signature". I agree that this document shall be entered into evidence in any proceeding on the basis of the stipulation that I am now giving that it is true, accurate, authentic, and was signed knowingly, voluntarily, and with full legal authority to do so on behalf of the organization or operation on whose behalf I am submitting it. I waive all evidentiary and procedural objections to its admission into evidence in any proceeding, as a condition and term of AI accepting this application for certification.

1.) I attest and affirm that I am a duly authorized representative of the operation in whose name this application is being submitted, having been duly granted by the organization the authority to act on behalf of and bind the operation in whose name this application is being submitted; 2.) I agree and affirm that AI (and if applying for USDA NOP certification, the USDA NOP) may rely upon this representation and that if it is later found that I was not duly authorized, either because I misstated my status as authorized representative, or because I was mistaken, that I shall be held personally liable for any damages, consequences, or penalties that flow from a negligent, fraudulent, or mistaken representation of my status, including civil and criminal penalties, fines, and damages; 3.) I affirm that all the information submitted in this application, and any attachment or appendix is true, accurate, and complete; 4.) I agree that myself and the operation applying to obtain or maintain certification shall comply with the certification standard and policies, procedures, and determinations of AI (and if applying for USDA NOP certification, with Organic Foods Production Act of 1990, and the NOP Final Rule); 5.) I understand that facilities may be subject to announced and unannounced inspections by AI (and/or the USDA) and that certified product can be sampled and analyzed at any time; 6.) I agree to send additional information as requested by AI (and/or the USDA); 7.) I agree to immediately notify AI of any incidents which may call into question the certified (and/or organic) integrity of any product produced under this plan and certified by AI. I additionally agree to inform AI of any deviation from or change to this plan; 8.) I have obtained, read, and understand the standard, this Contract, the Certification Manual, and the standard. I have had any and all questions about the policies, procedures, and regulations contained therein answered to my satisfaction, and agree that the operation and myself will at all times remain compliant with those policies, procedures, and regulations.

Name of Person Attesting and Affirming to the Above and Agreeing, on Behalf of the Operation, that the Operation and Myself Shall Be Bound by the Above Enumerated Terms and Provisions:

Operation on Whose Behalf the Person is Attesting and Affirming to the Above and Agreeing to be Bound by the Above Enumerated Terms and Provisions, to Having Been Duly Authorized or Appointed to Act on the Operation's Behalf:

Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully.

\*Signature of Authorized Representative:

Date Signed:

\*To use an Electronic Signature rather than an original handwritten signature, please enter the first letter of your first name, your last name and the last three digits of your social security number (e.g. JSMITH024.)