

AMERICERT INTERNATIONAL

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NOP Handler Plan Appendices

Form# NOP A4AOHP-v. 062309
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Operation Name:

Primary Authorized Representative:

Date Form Submitted:

AI CLIENT NUMBER (IF Appl.)

APPENDICES OVERVIEW

The following appendices are required only if requested by AI or as directed in Section VI of the Organic Handler Application and Plan. Any completed appendix from this form submitted to AI becomes incorporated into the Organic Handler Application and is binding on the submitting operation by operation of the contract with AI and the USDA National Organic Program Final Rule. Though divided into individual appendices the entire packet is a single form, and the entire form must be submitted even if only a single appendix is being submitted.

Please indicate which Appendix/Appendices are being completed and submitted:

Appendix I-Designation of Additional Authorized Representatives and Secured Users. Page 1.

Appendix II-A-Additional Products Labeling and Formulation. Pages 2-4.

Appendix I-Designation of Additional Authorized Representatives & Secured Users

Name	Role/Title/Position	Secured User?	Authorized Representative?	Phone Number	Date of Birth	Last 3 Digits of Soc. Sec.

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.)

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C. Products Labeled as "Made With Organic (Specific Ingredients or Food Groups)": At least 70% of ingredients are certified organic ingredients. List all products which are produced or planned for production and to be represented as "Made with Organic." USDA logo cannot be used.

Product Name	SKUs (if applicable)	Are the ingredients identified as Organic in the information panel?	Is the phrase "Certified Organic by Americert International" going to appear on the information panel?	Is the Americert International logo going to be used?	List each organic ingredient or group identified in the label phrase "Made with Organic (Specific Ingredients or Food Groups)"

Does the phrase "Made with Organic" . . . on the principal display panel appear in a font size no more than half the size of the largest font used on the principal display panel?

Yes No.

Does the entire phrase appear in the same font type, size, and color without any highlighting?

Yes No.

Are the percentage of organic ingredients listed on the principal display panel?

Yes No.

If so, does the entire phrase appear in the same font type, size, and color without any highlighting?

Yes No.

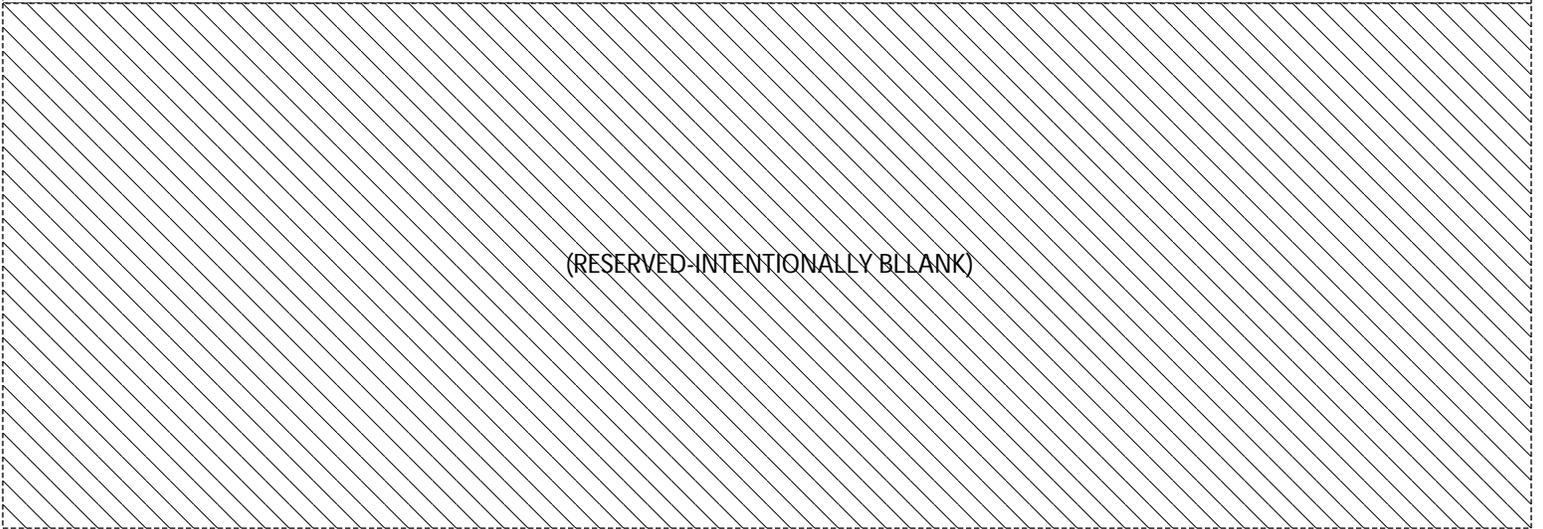
Is the percentage rounded down to the nearest whole percent?

Yes No.

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:	
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*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.)



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