

AMERICERT INTERNATIONAL

2603 NW 13th ST. #228, Gainesville FL 32609
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Email: Americert@gmail.com www.americertorganic.com

Request for Organic Input Review Registry Listing v. 082310 Page 1 of 3

I. GENERAL INFORMATION

Operation Name:	<input type="text"/>	Phone:	<input type="text"/>				
Contact Person:	<input type="text"/>	Fax:	<input type="text"/>				
Street Address:	<input type="text"/>	Email:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>	Country:	<input type="text"/>

II. GENERAL PRODUCT INFORMATION

Please describe the type(s) of products for which registry approval is being requested:

<input type="checkbox"/> Vermicompost	<input type="checkbox"/> Non-Liquid Fertility Product	<input type="checkbox"/> Weed Control/Herbicide Product
<input type="checkbox"/> Compost	<input type="checkbox"/> Plant Growth Regulator	<input type="checkbox"/> Soil or Growing Media
<input type="checkbox"/> Manure	<input type="checkbox"/> Pest Control Product	<input type="checkbox"/> Other
<input type="checkbox"/> Compost Tea Product	<input type="checkbox"/> Cleaner/Sanitizer	
<input type="checkbox"/> Liquid Fertility Product	<input type="checkbox"/> Disease Control Product	

Please List All Products Being Submitted For Approval:

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Have any of these products previously been approved by another USDA accredited certifying agent, or the Organic Materials Review Institute? If please describe which products, when approved and by whom:

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III. LEGAL DESCRIPTION OF OPERATION

<input type="checkbox"/> Sole Proprietorship.	<input type="checkbox"/> Not for Profit or Governmental Organization.
<input type="checkbox"/> Company, Limited Liability Company, Limited Partnership, Etc.	<input type="checkbox"/> Partnership or Cooperative.

IV. AUTHORIZED REPRESENTATIVES

Authorized representatives are persons who are authorized to enter into contracts on behalf of the operation and otherwise bind the operation. An authorized representative must sign the certification request (this form), the AI Registry contract, and all other registry documents.

Name	Role/Title/Position	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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V. Previous Reviews of Product(s)

Has any accredited certifying agent of the USDA National Organic Program or the Organic Materials Review Institute ever determined that any of the products submitted for approval is not allowed in organic production or handling? Yes No

Have you ever asked or applied for approval of any of the submitted products for use in organic handling or production by a USDA accredited certifying agent or the Organic Materials Review Institute? Yes No

If you answered "yes" to either of the previous questions, please explain fully, including the name of the certifier, the dates, the product(s) submitted for approval, and end result:

VI. DETAILED LOCATION INFORMATION FOR LOCATION WHERE PRODUCTS MANUFACTURED, HANDLED, OR PACKAGED:

Primary Physical Location GPS (if known):

Street Address:

City: State: Zip Code: Country:

Acres or Hectares (AC or HA) (If Applicable)

Directions from Nearest Major Town:

VII. AFFIRMATIONS

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 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 or input registry approval, 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 registered 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 registered 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 and the contract. 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. 9) I understand and agree that this is a request for AI to review our operation and products as described in this request for compliance with the USDA NOP regulations. It is not a granting of approval nor a guarantee of granting of approval. Fees are assessed based upon the work performed in making the evaluation, not for the act of approving the product. No refunds will be given for products which are withdrawn from consideration, products which are not approved, or applications which are withdrawn or abandoned by the applicant.

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, t 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:

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Application Checklist

In submitting this request be sure to attach the following:

1. Information Requested in the Guidance (if any) provided for the type of Product for Which Approval is Sought.

2. Appropriate Fees, as stated below:

Manure, Compost, Vermicompost Products: \$295.00 Registration Application Fee

Other Fertility Products (Including Plant Growth Regulators): \$495.00 Registration Application Fee

All Other Products: \$395.00 Registration Application Fee

Note: Liquid Fertility Products (including Plant Growth Regulators) also require an annual onsite inspection which costs \$250 plus travel expenses. Advance payment for the inspection in the amount of \$250 should be included with the application for registry approval.

3. A Product Review Affidavit for each product for which approval is sought.

4. A signed Registry contract.

Please send all information and payments to:

Americert International
2603 NW 13th St. #228
Gainesville, FL 32609

Please contact the office if you have any questions.