OMB No. 0581-0093

Organic Exemption Request Form

Persons that produce and market only products eligible to be labeled as "100 percent organic" may request exemption from assessment under research and promotion programs. The information on this form is required to make a determination concerning a person's eligibility for exemption.

Type of Operation: ❑ Handler ❑ Importer

Please complete the following:

Company name:		Phone:	
Street address:		Fax:	
City/State/Zip code:		E-mail (optional):	

In order to be exempt, the above-named company must meet <u>all</u> of the following (please check):

❑ Operates under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205)

❑ Handles or imports <u>only</u> products eligible for a 100% organic label under the NOP

❑ Is not a split operation as defined by the Organic Foods Production Act of 1990

Please list <u>all</u> commodities handled or imported (Use continuation sheet if necessary):

Commodity	Eligible to be labeled as 100% Organic?	Commodity	Eligible to be labeled as 100% Organic?
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑

❑ A copy of this company's organic farm or organic handling operation certificate provided by a USDA-accredited certifying agent **<u>must be</u>** attached. Importers should attach a copy of this certificate from *each person* from whom they receive products. *(Boards that do not assess importers may delete the second sentence.)*

Certification Statement

I certify that, at the signing of this statement and for the signed date, the above is true.

_____ _____ _____

Signature Title Date

Please return this form to:

Honey Packers and Importers Board
Street
City, State, Zip

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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If you need more space to list commodities, please use this sheet.

Continuation Sheet for AMS-15
Organic Exemption Request Form

Honey Packers and Importers Board

Company Name: _____

In order to be exempt, the above-named company must meet <u>all</u> of the following (please check):

- ❑ Operates under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205)
- ❑ Handles or imports <u>only</u> products eligible for a 100% organic label under the NOP
- ❑ Is not a split operation as defined by the Organic Foods Production Act of 1990

Please list <u>all</u> commodities handled or imported

Commodity	Eligible to be labeled as 100% Organic?	Commodity	Eligible to be labeled as 100% Organic?
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑
_____	Y ❑ N ❑	_____	Y ❑ N ❑