

# Form #1 - Registration Form



## California Department of Food and Agriculture Organic Registration Form

For Official Use Only (County Reviewer)	
Name of Reviewer	
Reviewer Signature	
Date Entered	
Registration Number	

Application Type		Operation Type	
<input type="checkbox"/> Renewal <input type="checkbox"/> New Registration <input type="checkbox"/> Amendment		<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor <input type="checkbox"/> Retailer	
Company Information		Company Mailing Address	
Company Name		Address	
Phone	Fax	Address Cont.	
Principal County of Operation		City	State
		Zip/Postal Code	Country
How would you like to receive the yearly Renewals and notifications: <input type="checkbox"/> Email (Primary Contact) <input type="checkbox"/> Mail			
Company Physical Address		Owner Information	
Physical address same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner's address same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Name	
Address Cont.		Company Name	
City	State	Owner Address	
Zip/Postal Code	Country	Owner Address Cont.	
Is the owner a U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		City	State
Is the owner also the Primary Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Zip/Postal Code	Country
Owner's preferred method of contact:		Owner's Email	Phone
Primary Contact		Additional Contact	
Same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No		Same as mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name		Name	
Address		Address	
Address Cont.		Address Cont.	
City	State	City	State
Zip/Postal Code	Country	Zip/Postal Code	Country
Email	Phone	Email	Phone
Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone		Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone	

**Read and sign below**

I certify that the information associated with this registration is true and correct, to the best of my knowledge, and I agree to abide by the California Organic Products Act of 2003 and the National Organic Program regulations.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Registrant Signature                      Print Name                      Title                      month day year

## Instructions for Form #1 – Registration Form

A completed registration packet and registration payment must be submitted for all New or Amended registrations to the County Agricultural Commissioner's Office, for review and initial approval. Make all checks payable to: CDFA Cashier.

### For Official Use Only (County Reviewer)

Leave this area blank. This box is only for staff from the County Agricultural Commissioner's Office to complete.

### Application Type

Please indicate the type/purpose of the application you are submitting.

**Renewal** – Check this box if you are submitting this application to renew an existing organic registration.

**New Registration** – Check this box if you are new to the organic industry.

**Amendment** – Check this box if you are adding a site/facility, adding acreage, or changing/adding an operation type to your existing organic registration.

### Operation Type

Mark the box(es) that describe your organic operation.

**Producer** - the entity that engages in the business of growing or producing organic food, including livestock, feed, or fiber.

**Handler** - any person or entity that packs, repacks, labels, sorts, stores (for longer than 2 weeks), or otherwise handles organic products, including commission merchants, brokers, or any organic product that is outside the jurisdiction of the California Department of Public Health.

**Processor** - CDFA only registers processed dairy products and minimally processed meats sold in an unfrozen state, including cut, wrapped, and unseasoned only. Also, any processor not covered by the California Department of Public Health shall register with the California Department of Food and Agriculture.

**Retailer** – A store that further processes raw organic product(s) and sells to the consuming public.

### Company Information, Company Mailing Address

Fill out all the requested information.

**Principal County of Operation** – The California county in which the majority of your operation's production, business, or sales take place.

Note: If you are certified, the "Company Name" listed must match the company name listed on your organic certification.

### Company Physical Address

Fill out all the requested information if different from the company mailing address.

**Physical Address** – the actual physical address of the company office or facility (cannot be a PO Box)

### Owner Information

**Owner** – The person who owns or is primary contact for your operation.

**Company Name** – Complete if operation is owned by another company.