

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
P. O. BOX 330, TRENTON, NJ 08625 - 0330
www.nj.gov/agriculture
609-292-5576

APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT

NATIONAL/AMS COST-SHARE PROGRAM

STATE USE ONLY	
Approval Date	_____
Reimbursement Data:	
Date:	_____
Amount::	_____
Program:	<input type="checkbox"/> AMS
	<input type="checkbox"/> NATIONAL

PLEASE PRINT OR TYPE

Certification Type: **Producer** **Handler**

APPLICANT INFORMATION

Name of Farm
(if applicable) _____

Name of Applicant* _____

Address _____

Number & Street	City	State	Zip Code
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Mailing Address
(If different) _____

Number & Street	City	State	Zip Code
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Phone Number () _____ Fax Number () _____

E-mail Address _____ Contact Name _____

CERTIFYING AGENT INFORMATION

Certifying Agency _____
(Company Name)

Address _____

Number & Street	City	State	Zip Code
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Phone Number () _____ Fax Number () _____

Applicant's Signature

Date

IMPORTANT

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:

- CERTIFICATION COST RECEIPT OF PAYMENT**
- PHOTOCOPY OF ORGANIC CERTIFICATE ***
- PROOF OF CONTINUATION OF CERTIFICATION ***
- COMPLETED W-9/QUESTIONNAIRE - ENCLOSED**

* For renewal applicants - These forms are not required if your operation is listed in the USDA's database of certified organic operations.

Checks will be made payable to the Name and address submitted on the W-9 Form

**APPLICATIONS MUST BE RECEIVED BY THE NJ DEPARTMENT OF AGRICULTURE
NO LATER THAN THE CLOSE OF BUSINESS ON MONDAY NOVEMBER 14, 2011.**

DISBTRIBUTION:

Original: To NJDA, Div of Marketing & Development, ATTN: Nichole Steward, PO Box 330, Trenton NJ 08625
Copy: For applicant's file