



Georgia Department of Agriculture
 Organic Processor, Handler, Distributor Registration Application
 New Renewal

Name of Firm: _____
 Facility physical address: _____
 City: _____ Zip code: _____
 Mailing Address: (if different) (P.O. Box number) _____
 Contact Person: _____
 Telephone number: _____ e-mail: _____
 Type of business: Processor Handler Distributor
 List organic products and amounts processed, handled, distributed or sold as
 organic, or certified as organic:

Product	Amount Processed	Amount Handled	Amount Distributed

Certification organization(s) or government entities certifying these product(s)
 (if any):

Name	Address
A.	
B.	
C.	
D.	

Enclose a completed copy of your organic production or handling system plan that has been agreed to by you and your certifying agent.

Enclose a copy of your current organic certificate.

Annual Gross sales or revenue from processing/handling or distributing organic food products at this facility: _____.

A registrant must apply annually to renew the registration unless no longer engaged in the activities requiring the registration.

This registration will expire on the last day of December of the year issued.

NOTE: YOU MUST NOTIFY THE GEORGIA DEPARTMENT OF AGRICULTURE IMMEDIATELY OF ANY CHANGES IN THE ABOVE INFORMATION.

Mail Application To:
 Ga. Dept. of Agriculture
 19 M.L.K. Jr. Dr., Room 610
 Atlanta, Georgia 30334

 Owner/ Corporate Officer (PRINT)

 Owner / Corporate Officer Signature only

 Title

For Office Use Only

Date Application received: ___/___/___

Registration No.: _____

Application Approved By: _____
 Organic Program Manager

Date: ___/___/___

Rev 10/2003

For More Information, Please Contact:

Dr. James Sutton, Organic Program Manager
 Georgia Department of Agriculture
 Phone: (404) 656-1264
 E-mail: jsutton@agr.state.ga.us