



GEORGIA DEPARTMENT OF AGRICULTURE

Plant Industry Division
Capitol Square, Room 610
Atlanta, Georgia 30334

THOMAS T. IRVIN
COMMISSIONER

**Georgia Department of Agriculture
Exempt Organic Grower/ Producer Registration Application**

New Renewal

Name of Producer: _____

Physical address: _____

City: _____ State: _____ Zip code: _____

Mailing Address: (if different) (P.O. Box number) _____

Physical Address of Farm (if different from above): _____

City: _____ State: _____ Zip code: _____

Contact Person: _____

Telephone number: _____ e-mail: _____

NOTE: YOU MUST NOTIFY THE GEORGIA DEPARTMENT OF AGRICULTURE IMMEDIATELY OF ANY CHANGES CONCERNING THE REQUIRED INFORMATION

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

Owner/ Grower/ Producer (PRINT)

Owner / Grower/ Producer Signature only

Title

For Office Use Only

Date Application received: ____/____/____

Registration No.: _____

Application Approved By: _____
Organic Program Manager

Date: ____/____/____

ORGANIC REGISTRATION FIELD/ FACILITY LOCATION MAP

For More Information, Please Contact:

James Sutton, Organic Program Manager
Georgia Department of Agriculture

Phone: (404) 656-1264

E-mail: jsutton@agr.state.ga.us