



GEORGIA DEPARTMENT OF AGRICULTURE

Consumer Protection Field Forces
Capitol Square, Room 306
Atlanta, Georgia 30334

THOMAS T. IRVIN
COMMISSIONER

**Georgia Department of Agriculture
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 306
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: ___/___/___

