DIV	STATE OF NI DEPARTMENT OF ISION OF MARKETING P. O. BOX 330, TREN www.nj.gov/ 609-913	STATE USE ONLY Approval Date Reimbursement Data: Date:		
APPLICATION	FOR ORGANIC CERTI	FICATION COST REIMBURSEMENT		
PLEASE PRINT OF	<u>NATIONAL/AMA COS'</u> <u>R TYPE</u>	T-SHARE PROGRAM	Amount: AMA AMA NATIONAL	
		tion between $10/1/22 - 9/30/23 = $	(include all	receipts, etc.)
Operation Type: Certification Cat		farmer) Handler/Processor	k Processing/	Handling
NJSTART Vendo (REQUIRED FOR REIN) Name of Farm / Operation (if applicable)		APPLICANT INFORMATION		
Name of Applicant				
Business Address	Number & Street	City	State	Zip Code
Mailing Address (If different)	Number & Street	City	State	Zip Code
Phone Number	()	Fax Number ()	
E-mail Address		Contact Name		
Certifying Agency	CEI (Company Name)	RTIFYING AGENT INFORMATION		
Address	Number & Street	City	State	Zip Code
Phone Number	()	Fax Number ()	
THE FOLLOWING INVOICE(S) DETAI	Applicant's Signature DOCUMENTATION MU LING CERTIFICATION (ENT FOR CERTIFICATION)		Date CATION: NTINUATION OF CERT OF ORGANIC CERTIFIC	
** For renewal appli organic operations		not required if your operation is listed in	n the USDA's database	of certified

APPLICATIONS MUST BE RECEIVED BY THE NJ DEPARTMENT OF AGRICULTURE NO LATER THAN THE CLOSE OF BUSINESS ON NOVEMBER 1, 2023 INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Email to: organiccostshare@ag.nj.gov or **Mail** to: NJDA, Division of Marketing & Development, Attn: Nichole Steward, PO Box 330, Trenton, NJ 08625. It is your responsibility to verify that your application and supporting documentation have been received by the Department of Agriculture. Completed applications are processed in the order that they are received.