# 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/AMA COST-SHARE PROGRAM

PLEASE PRINT OR	<b>TYPE</b>					NATIONAL
• Total fees paid to cer	tifier for organic certifi	cation between 1	0/1/17 - 9/30/18 = \$		(include	e all receipts, etc.)
Operation Type:	Produce	r (farmer)	Handler/Processor			
Certification Cate	gory: Crops	Wild	Crops Livestoc	k 🔲	Processin	g/Handling
NJSTART Vendo	r ID Number:					
		APPLICANT	TINFORMATION			
Name of Farm / Operation (if applicable)						
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			
	C	ERTIFYING AC	GENT INFORMATION			
Certifying Agency						
	(Company Name)					
Address	Number & Street		City		State	Zip Code
D	Number & Street		•	,	State	Zip Code
Phone Number	( )		Fax Number (	)		
	(Company Name)  Number & Street  ( )	ERTIFYING AC	City Fax Number (	)	State	Z

# **IMPORTANT**

#### THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:

CERTIFICATION COST RECEIPT(S) OF PAYMENT PROOF OF CONTINUATION OF CERTIFICATION \*\*

Applicant's Signature

PHOTOCOPY OF ORGANIC CERTIFICATE \*\*

Date

STATE USE ONLY

**AMA** 

Approval Date

Date:

Amount:

Program:

**Reimbursement Data:** 

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

# APPLICATIONS MUST BE RECEIVED BY THE NJ DEPARTMENT OF AGRICULTURE NO LATER THAN THE CLOSE OF BUSINESS ON FRIDAY NOVEMBER 16, 2018.

Mail to: NJDA, Division of Marketing & Development, Attn: Nichole Steward, PO Box 330, Trenton, NJ 08625 or fax to: (609) 984-2508

or email to: nichole.steward@ag.state.nj.us