# National Dairy Promotion and Research Board Organic Exemption Request Form

## For the Calendar Year: _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0217. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Persons that only produce and market products eligible to be labeled "100% organic" under the National Organic Program may request exemption from the National Dairy Promotion and Research Board assessments.

**Please complete the following: (Please Print)**

| | | | |
|---|---|---|---|
| Company/ Producer Name: | | Contact Name: | |
| Mailing Address: | | Telephone No.: | |
| | | Fax No.: | |
| City/State/Zip: | | Email (optional): | |

**In order to be exempt, the above-named company/producer MUST meet all of the following: (Please Check)**

- ❑ Operate under an approved organic system plan authorized by the National Organic Program (NOP) (7 CFR Part 205)
- ❑ Produces only products eligible for a 100% organic label under the NOP
- ❑ Is not a split operation as defined by the Organic Foods Production Act of 1990

**Please list all commodities produced** (Use continuation sheet if necessary):

| Commodity | Eligible to be labeled 100% organic? | Commodity | Eligible to be labeled 100% organic? |
|---|---|---|---|
| _____ | Yes ❑ No ❑ | _____ | Yes ❑ No ❑ |
| _____ | Yes ❑ No ❑ | _____ | Yes ❑ No ❑ |
| _____ | Yes ❑ No ❑ | _____ | Yes ❑ No ❑ |

**A copy of this company's valid organic farm certificate provided by a USDA-accredited certifying agent MUST be attached.**

**Certification Statement**

I certify that my firm meets the above criteria and is eligible for an exemption from the assessments under the National Dairy Promotion and Research Program.

_____ _____ _____

Signature Title Date

[Any false statement or misrepresentation may result in a fine of not more than $10,000, or imprisonment for not more than five years, or both (18 U. S. C. 1001).]

**Please mail your completed application to:**
National Dairy Promotion and Research Board
Attn: Collections and Compliance
10255 West Higgins Road, Suite 900
Rosemont, IL 60018

**Or fax your completed application to:**
National Dairy Promotion and Research Board
Attn: Collections and Compliance
Fax Number: (847) 803-1044

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# National Dairy Promotion and Research Board
# Organic Exemption Request Form
# Continuation Sheet for AMS-15 (02/05)

Company/Producer Name: _____

*If you need more space to list commodities, please use this sheet.*

**Please list all commodities produced:**

| Commodity | Eligible to be labeled as 100% Organic? | Commodity | Eligible to be labeled as 100% Organic? |
|---|---|---|---|
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |
| _____ | Y ❑ N ❑ | _____ | Y ❑ N ❑ |