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| --- |
| **Applicant Information** |
| **Legal Business Name (as shown on your income tax return):** |  |
| Note: If business entity is an Individual/Sole Proprietor, individual’s name (as owner) must appear in the *Legal Business Name* block above. |
| **Trade Name, DBA(if different from above):** |  |
| **Remittance Name** **(if different from Legal Business Name):** |  |
| **Business Address:** |  |
| **Contact Person Name:** |  |
| **Full Mailing Address** **(if different from Business Address):** |  |
| **Phone:** |  | **Website:** |  |
| **Email:** |  |
| **Certification Information** |
| **Initial Certification (Yes / No):** |  |
| **Date of Certification / Recertification:** |  |
| **Date(s) of Certification / Recertification Payment(s):** |  |
| **Name of Accredited Certifier:** |  |
| **Total Certification Cost:** |  |
| **Reimbursement Request by Applicant:*****NEW****: 50% of the certification cost (up to $500.00)* |  |
| **Farm Information (if applicable)** |
| **Owner(s) of Record:** *(if different from Applicant)* |  |
| **Address(es) Where Certification Took Place:** *(list all)* |  |
| **Phone of Owner(s):** *(if different from Applicant)* |  | **Email of Owner(s):** *(if different from Applicant)* |  |
| **Acres in production agriculture** |  | **Do you farm:** | Full Time / Part Time |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Person Authorized to Sign on Behalf of Above Named Business Title Date

*Typed name serves as signature.*

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