



Asa Hutchinson
Governor

ARKANSAS DEPARTMENT OF AGRICULTURE

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Wes Ward
Secretary of Agriculture

National Organic Certification Cost Share Application

Applicant Information

Name: _____

SSN or Federal Tax ID: _____

Phone: _____

E-mail Address: _____

Name of Farm or Business: _____

Mailing Address: _____

City/State/Zip: _____

County where certified farm or business is located: _____

Website: _____

If different from above

Physical Address: _____

City/State/Zip: _____

Certification Information

Date of Certification/Recertification: _____

Name of Certifying Agency: _____

What organic products do you produce? _____

Certification Type: Producer, Crop Producer, Livestock Processor/Handler

Total Amount of Certification Costs: _____

I certify that all the information on this application is complete, true and factual to the best of my knowledge and belief.

Signature

Date

AAD Use Only

Actual Certification Costs from Invoice(s) \$ _____ X.75 = \$ _____ or \$750

Date of Approval: _____ Approved By: _____