

Nevada State Department of Agriculture
Organic Certification Program

405 South 21st St

Sparks NV 89431

Phone: (775) 353-3675 FAX (775)-353-3678

ajeppson@agri.nv.gov

**Organic Cost Share Program Application 2016 Applications
must be post-marked no later than December 1, 2016**

Business: _____

Name: _____

Address: _____

NV Certificate # _____

Federal Tax ID **or** _____

Social Security # _____

List below all fees and expenses required by the Department to be paid for certification

<u>Purpose of fee paid</u>	<u>Amount</u>	<u>Date Paid</u>	<u>Invoice# & Check/C.C. trans. #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Operations in Nevada certified by another certifier are also eligible for the program. **Proof of payment must be provided by the applicant showing the purpose of the payment, date, and amount paid. The name and address of the certifier and a photocopy of the certificate issued by the certifier must also be included.**

Certifier Name and Address: _____

<u>Purpose of fee paid</u>	<u>Amount</u>	<u>Date Paid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Claimant

Date