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

Business: Name:		 NV Ce	ertificate #		
Address:		— Feder	Federal Tax ID <b>or</b> Social Security #		
		 Social			
List below all fees and expenses	required by th	ne Department t	o be paid for c	certification	
Purpose of fee paid	<u>Amount</u>	<u>Date Paid</u> <u>Invoice# &amp; Check/C.C. trans.</u>			
		_			
Operations in Nevada certified body	•				
amount paid. The name and ado by the certifier must also be inclu	dress of the ce				
Certifier Name and Address:	ueu.				
Purpose of fee paid		Amou	<u>ınt</u>	<u>Date Paid</u>	
Signature of Claimant			Date		

Agreement #4583