ORGANIC INPUT MATERIAL LABEL REGISTRATION APPLICATION

513-026 (REV.12/2024)

STATE OF CALIFORNIA DEPARTMENT OF FOOD AND AGRICULTURE DIVISION OF INSPECTION SERVICES

FEED, FERTILIZER, AND LIVESTOCK DRUGS **REGULATORY SERVICES**

COMPLETE ALL FIELDS				
Do you have a fertilizing m				
No - Submit a fertilizing m				
Yes - Enter firm name as	name as it appears o	n the license	and label:	
Firm Name			F	irm ID
Full Name of Applicant (ow	ner or owners)			
	•			
LICENSED ADDRESS AS I	T APPEARS ON THE	LABEL		
Street number	City/town	State	Postal Code	County
Type of Organic Input Mate	erial. Please check <u>Al</u>	<u>_L</u> that may a	ipply:	
Agricultural Mineral	☐ Spe	cialty Fertiliz	er 🗌 Comme	ercial Fertilizer
☐ Beneficial Substance	☐ Not	sure		
Please submit the following ■ Agreement Form (OIM-000) Formula of Material (OIM-00) ingredient and the final production formulations; ■ Third party formulations; ■ Third	D2); Method and Ing 13); Complete desc uct; Intended use of ormulated ingredients; metals, etc.), if applic I Organic Program sta acceptable. Ensure th	redient Declaription of the product; Some Invoices of Cable; Any and and ALL text is	manufacturing pupplier of ingreding register of ingrediction of the control of th	rocess for each ents; ■ Alternate or each ingredient; ation supporting nch copy of opy submitted.
By submitting this application acknowledge that the following firm name, license ID, productions, label nutrient guarantees.	ng information from th ct name, organic inpu	is record is p t material (Ye	laced in the publes/No), Annotatio	ic domain: licensed ns, registration ID,
I certify that the informatio	n contained in this a	application is	s true and corre	ct.
Signature of authorized rep	presentative			
Type or clearly print name				Date
Registration applications(s) and fee(s) may be directly submitted online through the Feed, Fertilizer, And Livestock Drugs Regulatory Services ExtraView database available at:				

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The fee for an organic input material label registration is one thousand dollars (\$1,000.00).

This is a label review fee. It is *not refundable* and will not be prorated.

Make check payable to: CDFA-418

Submit completed and signed application with all documentation and the registration fee to:

CDFA, ISD, FFLDRS, OIM P.O. BOX 942875 SACRAMENTO, CA 94271-2875

DEPARTMENT USE ONLY			
RC NUMBER			
FEE\$			
RC DATE			
PENALTY\$			

DO NOT SEND COIN OR CURRENCY

INCOMPLETE APPLICATIONS <u>CANNOT</u> BE PROCESSED AND WILL BE RETURNED. BE SURE TO FILL OUT ALL FIELDS ON BOTH PAGES.

PRODUCT NAME	WETTING AGENT	IS THIS A LIQUID PRODUCT?
	CONFIDENTIAL?	
	Yes	☐ Yes
	☐ No	□ No
	CONFIDENTIAL?	
	Yes	☐ Yes
	☐ No	☐ No
	CONFIDENTIAL?	
	Yes	☐ Yes
	│	☐ No
	CONFIDENTIAL?	
	Yes	∐ Yes
	☐ No	☐ No
	CONFIDENTIAL?	
		Yes
	☐ No	☐ No
	CONFIDENTIAL?	
	Yes	Yes
	∐ No	□ No
	CONFIDENTIAL?	
		Yes
	∐ No	☐ No