



### Organic Input Material Registration Renewal Form

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**Firm Name** **Firm ID#**

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**Product Name** **Product ID#**

Check this box to discontinue the record.

#### RENEWAL

(1) Mail the completed forms, supporting documentation, and check payment to **CDFA-CASHIER OIM 9999000423**, PO Box 942872, Sacramento CA 94271-2872.

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(2) Pay the renewal fee after completing and attaching the required forms and supporting documentation in the ATTACHMENTS section of the registration record

(<https://inspect.cdfa.ca.gov>).

**FEE:** OIM Registration Renewal Fee: \$500 Late Fee: Add \$50

#### FORMULA

Complete the renewal formula sheet. Please note, the use of any additives (binders, anti-caking agents, dust suppressants, defoamers, anti-oxidant, etc) must be declared. Indicate any proposed changes on the renewal formula sheet.

#### MANUFACTURING

Since registration approval, has the manufacturing process for any ingredient or the final product changed?

No

Yes (If yes, provide the manufacturing process for any new ingredients and the final product)

#### INGREDIENTS

Provide the most recent proof of purchase for all of the ingredients in your formula (such as invoices, weight tickets, or bill of lading (indicate full product name)).

#### ANALYSIS

Provide the most recent analysis for the following, if applicable:

- Pathogens (fecal coliform & Salmonella) - for microbial products, compost, compost tea, liquid fish
- C:N ratio - for compost
- pH analysis - for liquid fish

I certify that the information contained in the renewal documents is true and correct.

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**Owner/Authorized Representative Signature** **Date**

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**Owner/Authorized Representative Print Name**

**CDFA Organic Input Material Renewal Formula Sheet**

**Date:**

**Firm Name**

**Firm ID#**

**Product Name**

**Product ID#**

Ingredient (Product Name)	Generic Name	Percentage (%) in final product	Supplier Name/Address	Manufacturer Name/Address	Purpose of Ingredient
<b>FINAL *</b>		<b>100%*</b>			

**NOTE:** All ingredients (including additives and processing aids) must be disclosed on this form.

\* Combined percent must total 100%

Final product is manufactured/produced at the following location: \_\_\_\_\_

Has any of the above information changed since registration approval? Yes

No