



# Certifying Agent Registration Application



California Department of Food and Agriculture  
State of California

## Applicant Information

**Legal Business Name**

<b>Primary Office</b> (cannot be a P.O. Box)	street address		unit #
	city	state	zip
	phone	email	

**Web Address**

**Employer ID# /Tax ID #**

**Legal Status**     Gov     For Profit     Not For Profit     Other (specify):

<b>Contact Person</b>	name	title
	phone	email

**Accreditation Type(s)**     Cultivation (NOP "Crops")     Distribution (NOP "Handling")     Cultivation & Distribution

### Business Entity Structure (check one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Sovereign Entity
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Trust	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Sole Proprietorship

## Signature of Applicant or Representative

Under penalty of perjury, I hereby declare that the information contained within and submitted with this application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for denial of the application, or revocation or suspension of the registration issued.

signature	date
title	

**Expected Annual Certifications (voluntary)**    Cultivation    Distribution

## Receipt (for internal use only)

date received	received by	recipient signature
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**Certifying Agent**  
**Registration Application Attachments Checklist**  
(submit all attachments and checklist with application)

ATCHD	Item
<input type="checkbox"/>	1. A list of each subsidiary office(s) physical address(es), mailing address(es), phone number(s), and a contact name(s) and number(s) for each subsidiary office.
<input type="checkbox"/>	2. A copy of the fee schedule for all services to be provided under these regulations by the applicant.
<input type="checkbox"/>	3. A conflict of interest disclosure report for all persons who review applications for certification, perform on-site inspections, review certification documents, evaluate qualifications for certification, make certification recommendations, make certification decisions, and all parties responsibly connected to the applicant. The conflict of interest disclosure report shall identify, for each of these persons, any cannabis-related business interests, including business interests of immediate family members, that may cause a conflict of interest.
<input type="checkbox"/>	4. The most recent annual internal program review of the applicant's certification activities, including a summary of the findings and any adjustments made to operations and procedures based upon those findings.
<input type="checkbox"/>	5. A copy of the applicant's current and valid accreditation certificate issued by the National Organic Program.
<input type="checkbox"/>	6. A signed Affirmation.

**Fee Submission: There are no fees due at the time of application.** When the application is verified complete, payment instructions will be included in an application acceptance notification.