

ORGANIC PROCESSED PRODUCT REGISTRATION APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED

See Page 2 for Instructions.

NEW APPLICANT RENEWAL APPLICANT RELOCATION OWNERSHIP CHANGE OWNERSHIP AND LOCATION CHANGE

1. Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ()		11. Facility FAX Number ()
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()		13. E-mail Address
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ()		16. Correspondent FAX Number ()
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		
7. Mailing Address (continued)			18. Website (URL)		
8. City	State	ZIP Code	19. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		

20. Type of Ownership
 Individual/Sole Proprietorship Partnership Corporation/Limited Liability Company Nonprofit Other _____

21. Owner's Name / Corporate Name (if applicable) State of Incorporation

22. Owners' or Officers' Names and Titles Owners' or Officers' Names and Titles

23. Product Type
 Human Food Cosmetics Pet Food

24. Type of Business
 Handler (person who processes, packages, stores, or distributes) Broker (does not take possession or title of product but arranges for its sale)

25. Annual gross sales or revenue from processing/handling organic processed products at this facility
 \$ _____

26. Certification organization(s) or government entities certifying these product(s) as organic (attach additional sheets, if necessary)

Name	Address (number, street)	City	State	ZIP code

27. Payment Codes (Check only ONE payment code box A-I.)
Handler (See page 2 for fee schedule and instructions.)
 A—\$50 B—\$100 C—\$200 D—\$300 E—\$400
 F—\$500 G—\$600 H—\$700

Broker (person who does not take possession or title of the product but only arranges for its sale)
 I—\$100

28. Registration Fees Enter Each Fee Below

a. Registration Fee Due	\$ _____
b. Penalty on Registration Fee (1.5% per month if over 30 days late)	\$ _____
c. Total Payment Due	\$ _____

Fees are non-refundable

**MAKE CHECKS PAYABLE TO:
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
See Page 2 for Mailing Address.**

NOTE: You must submit a completed Organic Processed Product Commodity Code List with your application.

29. Signature Date

Printed Name	Print Title
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PLEASE DO NOT WRITE BELOW THIS LINE				
License Number	Expiration Date	Date Received	Payment Type	Amount \$

Organic Processed Product Registration Application Instructions

Please Type or Print your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for an Organic Processed Product registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Organic Processed Product registration for this location and you are renewing that registration. If this firm has changed location, ownership, or both, place an (X) in the box adjacent to the appropriate response.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for licensure.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.-5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.-8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Facility Operator:** Enter the full name of the person who manages the operations at this facility and their title.
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter the facility FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **Website:** Enter the website address for your business if applicable.
19. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** Enter corporate name if applicable. Enter the State of Incorporation if applicable.
22. **Owners' or Officers' Names:** List the business owners' or officers' names and titles.
23. **Product Type:** Place an (X) in the box next to the type of product(s) that this firm handles or brokers (check all that apply).
24. **Type of Business:** Place an (X) in the box next to "Handler" if you process, handle, or warehouse organic products in this facility. Place an (X) in the box next to "Broker" if you do not take possession or title of the organic product but arrange for the sale of the organic product.
25. **Annual Gross Sales or Revenue:** This information will remain **CONFIDENTIAL**. Enter the total annual gross sales received from the sale of organic processed product commodities or total revenue received for processing/handling organic products at this facility. Use the most recent 12-month period for which you have records, or if none available, enter the projected gross revenue for the 12 months following the date of the registration application.
26. **Certification Organizations:** Enter the name(s) and addresses of certification organizations or government entities certifying these product(s) as organic. If none, leave blank.
27. **Payment Codes:** The registration fee is based on the gross annual sales or revenue of organic products (entered under item 25). Based on the chart below, place an (X) in the appropriate box on the front page, next to the proper fee code.

Gross Annual Sales or Revenue	Annual Registration Fee**
A. \$0-\$5,000	\$ 50
B. \$5,001-\$50,000	\$100
C. \$50,001-\$125,000	\$200
D. \$125,001-\$250,000	\$300
E. \$250,001-\$500,000	\$400
F. \$500,001-\$1,500,000	\$500
G. \$1,500,001-\$2,500,000	\$600
H. \$2,500,001 and above	\$700
I. Broker Only***	\$100

** Any person that only provides temporary storage for seven days or less, or only provides transportation for organic product and does not handle the organic processed product, does not have to register.

*** Broker means any firm that does not take possession or title of the product but arranges for the sale of the product.

28. a. **Registration Fee Due:** Enter the amount checked under item 28 on the amount due line (a.). **Fees are Non-Refundable.**
28. b. **Penalty on Registration Fee:** A penalty of 1.5 percent per month is due if the payment is submitted more than 30 days after the due date (i.e., if paid more than 30 days after the date on the letter you received from the Department of Public Health, or if more than 30 days after the organic registration renewal expiration date. A 1.5 percent per month penalty is due on the unpaid balance. To calculate the penalty due, see example below:
Computation Example: Due date 1/1/94. Date you actually submitted payment: 3/1/94 = 2 months late.
If registration fee is \$100, multiply \$100 x 1.5% = \$1.50 penalty per month x 2 (months) = \$3 total penalty due. Enter the penalty amount on the Penalty on Registration line.
28. c. **Total Payment Due:** Add penalty and registration fee together to determine total amount due. Enter this amount.
29. **Sign the application, enter date signed, and print your name and title.**

NOTE: The required Organic Processed Product Commodity Code list must be completed and submitted with your application.

MAKE CHECKS PAYABLE TO:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAIL APPLICATION AND CHECK TO:

Regular Mail: California Department of Public Health
Food and Drug Branch Cashier – MS 7602
P.O. Box 997435
Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
Food and Drug Branch Cashier
1500 Capitol Avenue, MS 7602
Sacramento, CA 95814

Call the Food and Drug Branch at (916) 650-6500 if you have additional questions about this application.

ORGANIC PROCESSED PRODUCT COMMODITY CODES

					OPPR #
Check all That Apply (30A)	Commodity Number	Commodity (Finished Products Only)	Total Quantity Handled (30B)	Total Quantity Brokered (30C)	Measure
<input type="checkbox"/>	10	Soft Drinks, Carbonated and Noncarbonated; Water			Pounds
<input type="checkbox"/>	20	Beverage Bases, Liquid and Dry			Pounds
<input type="checkbox"/>	30	Coffee and Tea			Pounds
<input type="checkbox"/>	40	Alcoholic and Malt Beverages, Wines, Distilled Liquor			Pounds
<input type="checkbox"/>	50	Bread, Rolls, Buns, Sweet Goods, and Crackers			Pounds
<input type="checkbox"/>	60	Custard and Cream-filled Sweet Goods			Pounds
<input type="checkbox"/>	70	Macaroni and Noodle Products			Pounds
<input type="checkbox"/>	80	Breakfast Cereals, Ready to Eat			Pounds
<input type="checkbox"/>	90	Whole Grain and Beans, Bulk			Pounds
<input type="checkbox"/>	100	Pretzels, Chips, Tortillas, and Specialty Items			Pounds
<input type="checkbox"/>	110	Processed Grains and Starch Products For Human Use			Pounds
<input type="checkbox"/>	120	Prepared Mixes (Flour or Meal Based) Dry			Pounds
<input type="checkbox"/>	130	Candy, Chewing Gum, Chocolate and Cocoa Products			Pounds
<input type="checkbox"/>	140	Syrups, Sugars, Honey			Pounds
<input type="checkbox"/>	150	Butter and Butter Products			Pounds
<input type="checkbox"/>	160	Cheese and Cheese Products			Pounds
<input type="checkbox"/>	170	Fluid Milk and Fluid Milk Products			Pounds
<input type="checkbox"/>	180	Dried Milk and Dried Milk Products			Pounds
<input type="checkbox"/>	190	Ice Cream and Related Products			Pounds
<input type="checkbox"/>	200	Eggs and Egg Products			Pounds
<input type="checkbox"/>	240	Spices and Salt			Pounds
<input type="checkbox"/>	250	Extracts and Flavors			Pounds
<input type="checkbox"/>	260	Dressings and Condiments			Pounds
<input type="checkbox"/>	270	Fresh Fruits and Juices			Pounds
<input type="checkbox"/>	280	Frozen Fruits and Juices			Pounds
<input type="checkbox"/>	290	Canned Fruits, Juice Concentrates, and Nectars			Pounds
<input type="checkbox"/>	300	Dried Fruits			Pounds
<input type="checkbox"/>	310	Jams, Jellies, Preserves, and Butters			Pounds
<input type="checkbox"/>	320	Fruit Products including Olives			Pounds
<input type="checkbox"/>	330	Animal Feeds			Pounds
<input type="checkbox"/>	340	By-Products for Animal Feeds			Pounds
<input type="checkbox"/>	350	Meat and Meat Products			Pounds
<input type="checkbox"/>	360	Nuts and Nut Products			Pounds
<input type="checkbox"/>	370	Vegetable Oil Seed, Oil Stock, and Crude Oil			Pounds
<input type="checkbox"/>	380	Refined Vegetable Oil, Vegetable Shortening, and Margarine			Pounds
<input type="checkbox"/>	390	Fresh Vegetables			Pounds
<input type="checkbox"/>	400	Frozen Vegetables and Juices			Pounds
<input type="checkbox"/>	410	Canned Vegetables and Juices			Pounds
<input type="checkbox"/>	420	Dried and Dehydrated Vegetables			Pounds
<input type="checkbox"/>	430	Cured and Processed Vegetable Products, Tofu			Pounds
<input type="checkbox"/>	440	Dry Dessert and Pudding Mixes			Pounds
<input type="checkbox"/>	450	Multiple Foods, Pre-packaged Meals, Frozen Dinners			Pounds
<input type="checkbox"/>	460	Miscellaneous Food Use Items, Ice			Pounds
<input type="checkbox"/>	470	Multiple Food Warehouse			Pounds
<input type="checkbox"/>	480	Food Chemicals			Pounds
<input type="checkbox"/>	490	Infant, Junior, and Geriatric Foods			Pounds
<input type="checkbox"/>	500	Miscellaneous Dietary Food Items, Specialties, Sweeteners			Pounds
<input type="checkbox"/>	550	Vitamins, Other Nutritional Supplements			Pounds
<input type="checkbox"/>	910	Cosmetics			Pounds

Instructions for Completing the Organic Processed Products Commodity Codes

- 30A Processed Product Commodity Codes:** Review the Processed Product Commodity Code list, locate the code number of each **organic** processed product commodity processed or handled at this facility and place an (X) in the column next to the commodity number. Commodities listed must be finished products, not ingredients contained in products.
- 30B Total Quantity of Each Processed Commodity Handled at This Facility:** This information will remain **CONFIDENTIAL**. Enter the total quantity (**in pounds**) of each processed commodity that is **Sold as Organic** and annually handled and/or processed at this facility. A food is **Sold as Organic** if the food, or one or more of its ingredients, is claimed to be organic. Use the most recent 12 month period for which you have records, or if none available, enter the projected quantity to be handled in the 12 months following the date of registration.
- 30C Total Quantity of This Product Brokered:** This information will remain **CONFIDENTIAL**. Enter the quantity (**in pounds**) of this organic product commodity that was arranged for sale, although never taken into possession or control by the broker.

NOTE: This list must be completed and submitted with your Organic Processed Product Registration Application. All product quantities must be reported in pounds.