



**OHIO PRODUCE MARKETING AGREEMENT
FORM D: APPLICATION FOR CERTIFICATION**

This form to be submitted only after your company has completed Forms A, B and C and has been accepted into the certification program.

A. APPLYING COMPANY

Company Name	
Trade/DBA Name	

B. CERTIFICATION INFORMATION

1. Has your company ever been declined/refused certification? Yes No

If yes, by whom? _____

If yes, please provide details: _____

2. When do you feel you will be ready for the first inspection? _____

3. What method of operation are you going to certify? (check as many boxes as applicable)

- Grower Packer Distributor
- Processor Wholesale/retail Other: _____

C. OPERATION DETAILS

What is the scope of the operation and items grown?

What is your primary location? Please list any additional locations. If necessary, attach a sketch of directions to the location to be inspected.

Do you have any activities at any location other than your primary (processing, packing, retail, etc.)? If yes, please explain.

Provide the following information:

Number of employees: _____

Number of farming areas: _____

Total size of farming areas: _____ (acres)

Signature of Principal Officer:

I hereby confirm that all of the information provided is accurate to the best of my knowledge.

Date

Upon receipt of this form you will be contacted to discuss the next steps to complete certification.

For questions, call 614-228-4739. Please retain a copy of this form for your records. Please visit www.opma.us for more information.

Return to:

OPMA
17 S. High St. Suite 200
Columbus, OH 43215

Or fax to 614-221-1989
(cover sheet not needed)