



**OHIO PRODUCE MARKETING AGREEMENT
FORM C: REQUEST FOR FARM CERTIFICATION**

Membership in the OPMA must first be established in order to participate in the certification process. Please complete *Form A: Membership Enrollment*. You may submit Forms A and B at the same time.

A. CONTACT DETAILS

Company Name			
Trade/DBA Name			
Principal Officer Name		Mobile Number	
	Email Address		
Addtl Authorized Contact		Mobile Number	
	Email Address		
Mailing Address			
Physical Address	<small>leave blank if same as mailing</small>		
Office Phone Number		Fax Number	

B. CERTIFICATION REQUESTED

Choose one (descriptions are available at www.opma.us):

- Tier I Tier II Tier III

C. TRAINING

Indicate all training received in the past 12 months and attach all copies of certificates indicating dates, locations, instructors, etc. Please print.

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 qualifications and 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.

<p>Return to:</p> <p>OPMA 17 S High St, Ste 200 Columbus, OH 43215</p> <p>Or fax to 614-221-1989 (cover sheet not needed)</p>
