



ORGANIC CERTIFICATION COST SHARE PROGRAM APPLICATION - 2009
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 58978 (9-08)

Name		
Business/Farm Name (If Different)		
Mailing Address		
City	State	Zip Code
Telephone Number	E-mail Address	
Date of Certification/Recertification (between October 1, 2008 and September 30, 2009)		
Name of Certifying Agent		
Total Amount Paid for Certification		

Please enclose the following documents. This application form cannot be processed without these documents.

1. Copy of certificate or continuation of certification document, with effective date.
2. Copy of statement itemizing certification costs.
3. IRS Form W9

Return this form with the above listed documents to:

Organic Certification Cost Share
 North Dakota Department of Agriculture
 600 E Boulevard Ave Dept 602
 Bismarck ND 58505-0020

Important Check Information	
Signature _____	(required)
Payable to: _____	
Mailing Address: _____	
City _____	State _____ Zip _____
Date: _____	

NDDA USE ONLY	
Approve by: _____	
Amount: _____	