

KENTUCKY DEPARTMENT OF AGRICULTURE



Office Of Agricultural Marketing and Product Promotion • Organic Program 111 Corporate Drive, Frankfort, KY 40601 • (502) 573-2513 • Kyagr.com

Additional Contact Information		
Operator/Applicant Name:		Certificate Number:
		ssociated with your operation, or to update information for existing cuss confidential business information as it pertains to your organic
First Name:	Last Name:	
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Email:	
Responsibility (check all the	at apply)	
☐ Primary Contact ¹		
☐ Fiscal Contact ²		
☐ Person overseeing organ	nic production or hand	$ling^3$
☐ Other (Please specify):		
	erial registration certificate. Id	e will be sent. There must be a single primary contact, whose address will dentifying a new primary contact will remove the primary contact
² The fiscal contact is the person to related correspondence will be dir		spondence will be directed. If no fiscal contact is designated then finance
³ The person overseeing organic p	roduction or handling must be	e available at inspections
Program account. Contact ou By printing your name below as	r office for instructions if and submitting this form you	act that is currently on file with the business' KDA Organic fall current contacts are no longer affiliated with the business. In attest that all information provided in this form is correct, and the siness information for the company listed above.
Print name:		Date:
Title		