

**PLEASE RETURN BY CLOSE OF BUSINESS APRIL 27, 2024**

**VERIFICATION FORM  
ORGANIC CERTIFICATION**

Your Operation's Name:

NOP ID:

Email Address:

Physical Address:

Mailing Address:

Name of Individual Verifying Information:

Date of Last NHDAMF Inspection:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**IF APPLYING FOR CERTIFICATION** - Please provide the date you submitted your application, along with the name and contact information of the Certifying Agent where you have applied:

Date applied \_\_\_\_\_

Application status \_\_\_\_\_

Certifier Name \_\_\_\_\_

\_\_\_\_\_

Certifier Contact Information \_\_\_\_\_

**IF SURRENDERING CERTIFICATION (if applicable)** - If it is your intention to surrender your organic certificate, please indicate that here and complete the Surrender of Organic Certificate Form. If surrendering check box:

**MAIL:** Please return this Verification Form, and, if applicable, Surrender of Organic Certificate Form, by regular mail in the stamped addressed envelope included with this correspondence or to: NH DEPT OF AGRICULTURE, DIV REGULATORY SERVICES, PO BOX 2042, CONCORD NH 03302-2042 by **APRIL 27, 2024**.