



Washington State Department of Agriculture  
 Organic Food Program  
 PO Box 42560  
 Olympia, WA 98504-2560  
 (360) 902-1805 · FAX (360) 902-2087  
 organic@agr.wa.gov

OFFICE USE ONLY

4112

## Request for Material Review

### For Use in Organic Food Production

#### Step 1: Contact Information

|                 |       |          |                             |
|-----------------|-------|----------|-----------------------------|
| Company Name    |       |          |                             |
| Contact Name    |       | Title    |                             |
| Mailing Address |       |          |                             |
| City            | State | Zip Code | Country (if outside of USA) |
| Phone           |       | Fax      |                             |
| Email address   |       | Website  |                             |

#### Step 2: Product Requests

*List materials that you would like WSDA to review under the authority provided to us by the National Organic Program as an Accredited Certification Agency. All reviews will verify compliance with 7 CFR Part 205 National Organic Standards, including the National List of Allowed and Prohibited Substances. Please note that further information may be required to support your request.*

| Product Name(s)<br>Copy and attach additional sheets as needed | Manufacturing Facility<br>List address of manufacturing facility. Use additional sheets as necessary. | Are you requesting WSDA review of this product for 2010? | Label Submitted? If product is bulk and does not have a label, submit an invoice or bill of lading | Are you requesting a review to EU Standards?             |
|--|---|--|--|--|
| 1.   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No |



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|    |  |  |  |  |
|----|--|--|--|--|
| 6. |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please use the space below to provide any additional information pertaining in the review of your request. All updated labels and marketing information must be attached.

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***TO BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE OPERATION REQUESTING REVIEW:***

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

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

|  |
|--|
| <p><b>Send request to:</b><br/>         Washington State Dept of Agriculture<br/>         Organic Food Program<br/>         PO Box 42560<br/>         Olympia, WA 98504-2560</p> |
|--|