The information on this form is required to make a determination concerning a person's eligibility for exemption from assessments under resear and promotion programs.
Type of Operation: □ Producer or □ Importer (mark as appropriate)
Please complete the following:
Applicant's First and Last Name:
Company name: Phone:
Street address: Fax:
City/State/Zip code: Email:
Tax ID # Importer ID #
 Operates under an approved organic system plan authorized under the USDA-AMS organic regulations (7 CF Part 205) and maintains a valid organic certificate issued by an AMS accredited certifying agent. Produces and/or imports products eligible to be labeled "organic" or "100% organic" under the USDA organi regulations. Is subject to assessments under the research and promotion program for which this exemption is requested. A copy of this company's organic farm or organic handling operation certificate and addendum provided by a USDA-accredited certifying agent under the OFPA must <u>be</u> attached. Importers should attach a cop of a certificate or equivalency agreement for the eligible product as established under NOP. Certification Statement I hereby certify that my annual U.S. production and/or importation of mushrooms is an estimated total pounds "organic" and/or "100% organic" and pounds
Signature Title Date
1/ Any false statement or misrepresentation may result in a fine of not more than \$10,000, imprisonment for not more than 5 years, or both (18 U.S.C. §1001). Mushroom Council 200 NE Missouri Rd, Ste 200 Please return this form to: Lee's Summit, MO 64086 AMS-15 (Expiration Date 11/30/2024) See reverse for burden/non-discrimination stated

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. §522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is from the applicable commodity legislation for research and promotion programs. Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or importer identification number is mandatory and will be used to determine affiliation or entity identity.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW., Washington, D.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: program.intake@usda.gov.

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