**Contact Information Change Form** – To be collected at inspection or turned in by operator at anytime. Please complete and submit to your client services team or organic@tilth.org.

Company Name:

|  |
| --- |
| Remove Contact: |
| The person(s) listed below are no longer contacts and by being listed here will not have access to any information contained in the Organic System Plan or OTCO files and will be removed as links from the operator record. |
|  | Name: |       |
|  | Name: |       |
|  | Name: |       |
| Add Contact: |
| **Primary Contact Responsible for Certification (one Primary Contact per operation):**The person listed below has knowledge of organic operations and by being listed here will have access to any information contained in the Organic System Plan or OTCO files. Entering a new contact in this section will reassign this role to the new contact entered, including being the default contact for all communications and access to the MyOTCO portal.  |
|  | Name: |       |
| Company: |       |
| Title: |       |
| Mailing Address: |       |
| Phone Number(s): | Primary: |       | Office: |       |
| Mobile: |       | Fax: |       |
| \*please be sure to include any applicable extension numbers  |
| Email Address: |       |
| **Additional Contacts:**Additional contacts may be named in order for OTCO to interact with them about this file (i.e. request copies of documents, certification status etc). These contacts may be consultants, managers, administrative assistants etc.  |
|  | Name: |       |
| Company: |       |
| Title: |       |
| Mailing Address: |       |
| Phone Number(s): | Primary: |       | Office: |       |
| Mobile: |       | Fax: |       |
| \*please be sure to include any applicable extension numbers |
| Email Address: |       |
|  | Name: |       |
| Company: |       |
| Title: |       |
| Mailing Address: |       |
| Phone Number(s): | Primary: |       | Office: |       |
| Mobile: |       | Fax: |       |
| \*please be sure to include any applicable extension numbers  |
| Email Address: |       |

Client ID:       Date:

Authorized Contact Requesting Change: