***Directions****: The manufacturer or legal designee of the specified material should complete this form to confirm compliance for use in certified organic production. If the nutrient, vitamin or mineral contains additional ingredients, please also fill out and submit a NOID form. This document is valid for five (5) years from the date it is signed. After five years, a new document must be completed and submitted for review.*

* *Include the current label and a complete list of ingredients and their function.*

*No product label exists. Please include any product or marketing information.*

|  |
| --- |
| NOP 205.105(e) and 205.301(f)(1), in order for a product to be sold or represented as “100% organic,” “organic,” or “made with organic (specified ingredients or food group(s)),” the product must be produced and handled without the use of excluded methods. (genetically modified organisms). Where non-agricultural nutrients (which include vitamins) are used as either ingredients in processed products, or as feed additives or medical treatments in organic livestock production, the nutrients must be free from modified DNA and/or the proteins from genetically modified DNA. |

* 1. **NUTRIENT INFORMATION** Provide the manufacturer company name and contact information.

|  |  |  |  |
| --- | --- | --- | --- |
| Product Name: | | | |
| Manufacturer Business Name: | | | |
| Address: | City: | State: | Zip: |

**1.2 DECLARATION** The nutrient listed above conforms to the following criteria:

|  |  |
| --- | --- |
| 1. For livestock feed additives **ONLY**, the material was **NOT** produced with any mammalian, or poultry by-products (for mammal, or poultry feed). | True False NA |
| 1. The final product (including carriers, diluents, antioxidants) does not contain modified DNA and/or the proteins derived from genetically modified DNA. This has been verified by the following measures: (check all that apply):   Traceability/Identity Preserved System  PCR (Polymerase Chain Reaction) Testing  Independent Audit  Equivalent declaration from supplier or ingredient suppliers  Other (Production Techniques, Types of Raw Materials and Processing Aids used)  If other, explain: | True False NA |
|  | |
|  | |

* 1. The statements regarding the material produced by my company are true to the best of my knowledge.

**Important Information Regarding Electronic Signatures:** Oregon Tilth recognizes and permits the use of electronic signatures in the conduct of its business. By checking the box below, you willingly consent to the use of electronic signatures in the conduct of your business with Oregon Tilth.

**AGREE**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Manufacturer Representative’s Name (please print) | Representative’s Title/Position | Date |
|  |  | |
| Manufacturer Representative’s Authorized Signature | Phone Number & Email | |