



**OHIO PRODUCE MARKETING AGREEMENT  
FORM D: APPLICATION FOR CERTIFICATION**

This form to be submitted only after your company has completed Forms A, B and C and has been accepted into the certification program. ALL FIELDS ARE REQUIRED UNLESS OTHERWISE NOTED.

**A. APPLYING COMPANY**

Company Name	
Trade/DBA Name	

**B. CERTIFICATION INFORMATION**

1. Has your company ever been declined/refused certification?  Yes  No

If yes, by whom? \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. When do you feel you will be ready for the first inspection? \_\_\_\_\_

3. What method of operation are you going to certify? (check as many boxes as applicable)

- Grower                       Packer                       Distributor  
 Processor                       Wholesale/retail                       Other: \_\_\_\_\_

**C. OPERATION DETAILS**

What is the scope of the operation and items grown?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your primary location? Please list any additional locations. If necessary, attach a sketch of directions to the location to be inspected.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any activities at any location other than your primary (processing, packing, retail, etc.)? If yes, please explain.

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Provide the following information:

Number of employees: \_\_\_\_\_

Number of farming areas: \_\_\_\_\_

Total size of farming areas: \_\_\_\_\_ (acres)

Signature of Principal Officer:

\_\_\_\_\_

I hereby confirm that all of the information provided is accurate to the best of my knowledge.

\_\_\_\_\_

Date

Upon receipt of this form you will be contacted to discuss the next steps to complete certification.

For questions, call 740-828-3400. Please retain a copy of this form for your records. Please visit [www.opma.us](http://www.opma.us) for more information.

Return to:

OPMA  
6870 Licking Valley Road  
Frazeyburg, OH 43822