



Contact Information – WSDA Organic Program

Business Name: _____ **Cert No:** _____

Complete this form for each new contact you would like associated with your operation, or to update information for existing contacts. Please note all contacts must be approved to discuss confidential business information as it pertains to your organic certification or material registration.

First name: _____ Last name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ Email: _____

Responsibility *(check all that apply)*

☐ Primary Contact¹

☐ Fiscal Contact²

☐ Person overseeing organic production or handling³

☐ Other (Please specify): _____

¹ The primary contact is the person to whom all correspondence will be sent. There must be a single primary contact, whose address will print on either the organic or material registration certificate. Identifying a new primary contact will remove the primary contact designation from your existing primary contact.

² The fiscal contact is the person to whom finance related correspondence will be directed. If no fiscal contact is designated then finance related correspondence will be directed to the primary contact

³ The person overseeing organic production or handling must be available at inspections

This form must be completed and submitted by a contact that is currently on file with the business' WSDA Organic Program account. Contact our office for instructions if all current contacts are no longer affiliated with the business.

By printing your name below and submitting this form you attest that all information provided in this form is correct, and the person noted above is approved to discuss confidential business information for the company listed above.

Print name: _____ Date: _____

Title: _____