Application for Natural Verification

Email completed forms to: applications@naturalverifiers.com or mail hard copies to: Natural Verifiers, P.O. Box 14124 Tucson, AZ 85732



Company Name:		Main/Office Phone:			
Address:		Fax:			
City:		State:		Zip:	
Country:			Web Address:		
Company Founded:		Region(s) served:			
Referred by:		Primary Outlets:			
LLC: Partnership: S		So	Sole Prop: State of Incorporation:		oration:
		d:	d:	d: Main/Office Pl Fax: State: Web Address: Primary Outle	Main/Office Phone: Fax: State: Web Address: d: Region(s) served: Primary Outlets:

Contac	ct Information		
1	Primary Contact Name:		Title:
	Office Phone:	Mobile:	Email:
2	Secondary Contact Name:		Title:
2	Office Phone:	Mobile:	Email:
2	Marketing Contact Name:		Title:
3	Office Phone:	Mobile:	Email:
1	Application Authorized by:		Title:
4	Office Phone:	Mobile:	Email:

Product 1 Information	
Brand / Line Name:	Does product claim other certifications? Y N
Product Description:	If yes, please list:
	List allergens, if any:

Product 2 Information	
Brand / Line Name:	Does product claim other certifications? Y N
Product Description:	If yes, please list:
	List allergens, if any:

Product 3 Information	
Brand / Line Name:	Does product claim other certifications? Y N
Product Description:	If yes, please list:
	List allergens, if any:

Plant Information #1		
Company Name:	Main/Office Phone:	
Address:	Fax:	
City:	State:	Zip:
Country:	Web Address:	

Plant Information #2			
Company Name:	Main/Office Phone:		
Address:	Fax:		
City:	State:	Zip:	
Country:	Web Address:		

Plant Information #3			
Company Name:	Main/Office Phone:		
Address:	Fax:		
City:	State:	Zip:	
Country:	Web Address:		

If identical products are processed at additional plants, please complete the Additional Pant Information sheet.

Sanitation Information
Please describe, in detail, sanitizing procedures including temperature and caustic wash information. If your facility(ies)
submits to third-party safety audits such as HACCP/GMP, please list those companies below and include all respective
certifications with your application.
Sanitizing procedures:

Additional Information					
Product(s) is produced:	Year-round	Seasonally	From:	To:	
Certification is requested for:	Retail	tail Industrial Institutional			
Have any of your products been naturally verified with another agency? Y N					
If yes, please specify the name(s) of the verifying agency(ies):					

Please submit one (1) label and respective spec sheet for each ingredient / sanitizing / cleaning agent used in your product(s).

Organic Information			
Have your product(s) been certified organic?		Y	Ν
If yes, please list the product(s) that are: Na	ame of respective certifying agency		
If your product(s) has not been certified organic, are you interest	ted in information regarding certification?	Y	Ν

In-House Label Information

Please list all in-house products and corresponding information according to plant (per plant information above.) Product(s) and brand name(s) must match accompanying labels. You can submit additional copies of this section if additional ingredients are used.

Plant Location and No.	Product(s)	In-House Brand Name(s)	Neutral (*)	Dairy (**)

* Ingredients or products that do not contain meat or dairy sources

** Ingredients or products that contain milk or milk derivatives

Private Label Information

Please list all in-house products and corresponding information according to plant (per plant information above.) Product(s) and brand name(s) must match accompanying labels. You can submit additional copies of this section if additional ingredients are used.

Plant Location and No.	Product(s)	In-House Brand Name(s)	Neutral (*)	Dairy (**)

* Ingredients or products that do not contain meat or dairy sources

** Ingredients or products that contain milk or milk derivatives

Supporting Documentation

In addition to the completed application, we require the following:

Schedule A – Labels

Physical label(s) for the product(s) specified herein be submitted for review. If your label(s) is in the concept or design stage, the most recent version of your label(s) must be submitted, as long as the formuation(s) for the product(s) specified herein are locked and no more R&D is required.

Schedule B – Ingredients

Final ingredient deck for the product(s) specified herein be submitted for review. If applying for more than one product and/or more than one product line, a list of ingredients corresponding to each respective product (in-house label and/or private label) must be submitted. If the same ingredient(s) is used in multiple products, this fact must be stated though duplicate ingredient spec sheets do not need to be submitted.

Schedule C – Cleaning Products

A comprehensive list of any and all product(s) used in the facilitiy(ies) for producing submitted products herein must be submitted for review.

Company acknowledges that it has received, understands and agrees to be bound by the standards of Natural Verifiers ("NV") and agrees to:

Comply with all NV standards and policies herein or hereinafter instituted while under natural certification and strictly adhere to all applicable standards and procedures including, but not limited to:

- a. Establishing, implementing and updating annually or as needed, a Natural Verification Plan that will be submitted to NV upon renewal of certification.
- b. Permitting on-site inspections by NV with complete access to production areas including non-certified production areas, structures and offices. These inspections will be mandated for certification and will be announced at the discretion of VN or as required by NV.
- c. Maintaining all records applicable to the natural operation for not less than five (5) years beyond their creation.
- d. Allowing authorized representatives of NV to these records under normal business hours for review and copying to determine compliance with NV's standards and policies.
- e. Immediately notify NV regarding any application, including drift, of a prohibited substance to any production area that is part of an operation.
- f. Immediately notify NV of any change in its natural operation or portion of it that may affect its compliance with NV's standards and policies.
- g. Using the NV name and seal only in accordance with NV standards and ceasing all use of NV's name and seal upon notice by NV. Any use of NV's name or marks, without the express consent of NV is strictly prohibited and constitutes an infringement of NV's rights. NV shall be entitled to reimbursement of reasonable attorney's fees and costs incurred by bringing any civil action, arbitration, or mediation to enforce its rights to its names or marks.
- h. Destroying or returning to NV all packaging and certificate(s) upon notice from NV to do so.
- i. Understanding that the use of the NV name and seal must be in accordance with NV regulations.
- j. Immediately ceasing all claims of NV certification associated with this operation and destroying or returning all certificates, labeling, and marketing material containing reference to NV in the event that this operation withdraws, or its certification is suspended or revoked.

I, the undersigned am legally authorized as a corporate representative, acknowledge and understand that any willful misrepresentation may be cause for denial of an application and sanctioning of certification. I attest that all information in this application is true and accurate to the best of my knowledge:

Date:	Name of Person Completing Form:
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SIGNATURE