**Organic Plus Trust (OPT) Grass-Fed Organic Livestock Program**

**General Information**

**Section 1: Operation Information**

Date:

1.1 Farm or Business Name:

1.2 DBA (Doing Business As): List all registered DBA’s associated with your operation (if applicable):

1.3 Legal Structure: Please check the box below that describes your operation’s legal structure. The person(s) listed below are legally responsible contacts for the operation.

[ ]  Sole Proprietorship. Owner’s Name:

[ ]  Partnership. Owners’ Names:

[ ]  Corporation or LLC

State of incorporation:

Tax ID #:

Name of Owners or Officers and their Titles:

[ ]  Other (describe):

1.4 Mailing Address:

Street:

City:       State:       Zip Code:

County:

1.5 Physical Address:

Street:

City:       State:       Zip Code:

County:

1.6 Farm or Business Website:

**Section 2: Contact Information**

Please designate one person in your operation to be PCO’s Primary Contact. This person should be knowledgeable about your operation, your grass-fed system plan, your operation’s activities, OPT Grass-Fed Organic Livestock Program standards and has the authority to act on behalf of the organization.

2.1 Primary Contact

Name (f,m,l):

Phone:

Phone (alternate):

Fax:

Email:

2.2 Preferred written communication: [ ]  Email [ ]  Postal Mail

**Table 2.3 Additional Contacts**

Please list all people at your operation authorized to conduct inspections, meet with inspectors, modify the system plan or otherwise act on behalf of the company. This may be a spouse, employee, company representative or anyone else you designate).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | MI | Last Name | Title | Phone  | Email |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |