

# OMRI Certifier Subscription Form

Certifier: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Enter additional contacts (employees or contractors) to receive periodic reports and updates electronically.**

NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:

**Select appropriate tier level**

The OMRI Certifier Subscription fee is based on the number of USDA organic certified parties your organization currently has. The OMRI Certifier Subscription includes free copies of the *OMRI Products List* and *OMRI Generic Materials List*. See the table for annual fee and the number of free lists according to the appropriate tier level.

TIER LEVEL	PARTIES	ANNUAL FEE	FREE LISTS
1	0-50	\$360	5
2	51-100	\$620	10
3	101-200	\$1150	20
4	201-300	\$1650	30
5	301-400	\$2200	40
6	401-500	\$2710	50
7	501-600	\$3240	60
8	601-800	\$3750	70
9	801-1000	\$4250	80
10	1001 plus	\$4750	90

Enter certified parties	
Enter tier level	

**Complete payment information**

Select a billing option for payment. There is a \$25 fee for each billing installment. <input type="checkbox"/> Payment in full <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly  Enclose a check or, to charge to a credit card, complete below.	<b>FEE CALCULATOR</b> Annual fee \$ _____ Installment fee \$ _____ Contract fee \$ _____ <b>Total amount: \$ _____</b>
<b>CREDIT CARD INFORMATION</b> Card Type: _____ Card no. _____ Exp. _____ Amount on the card: _____ Cardholder's Signature _____	

*I am an authorized agent of the subscribing certifier. I agree to the terms and conditions in the most current version of the OMRI Certifier Subscription Service Agreement. I declare that the certified party information above is correct to the best of my knowledge.*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_