



# Pre-Application Questionnaire

Complete this questionnaire to order a customized Application Kit that includes all instructions, forms and checklists that apply to your product(s). Please print or type.  
(An Application Kit may also be requested online at [www.omri.org/kit](http://www.omri.org/kit).)

Confidential Document

## Section A: Company Information

Company Name		Contact Person	
Mailing Address		Phone	Email
City	State	Zip Code	Country
How did you learn about OMRI? <input type="checkbox"/> Organic Certifier <input type="checkbox"/> Web Search <input type="checkbox"/> Another Company <input type="checkbox"/> Other _____			

## Section B: Product Information

Product Name (exactly as name appears on product labels and marketing materials)

This is a Repackaged Product (currently OMRI Listed product that is being repackaged and marketed under a different product or company name).  
**Do not choose a Use Class** if your product is to be listed as repackaged.

Check the Product Use Class that best describes your product(s) and matches your intended product usage.

- Crop Fertilizer or Soil Amendment (CF)
- Crop Pest, Weed, or Disease Control (CP)
- Crop Management Tool or Production Aid (CT)
- Livestock Feed Ingredient (LF)
- Livestock Health Care (LH)
- Livestock External Parasiticide or Pesticide (LP)
- Livestock Management Tool or Production Aid (LT)
- Processing Agricultural Ingredient or Processing Aid (PA)
- Processing Non-agricultural Ingredient or Processing Aid (PN)
- Processing Pest Control (PP)
- Processing Sanitizer or Cleaner (PS)
- Processing Container or Packaging Material (PC)

To request an OMRI review of your product(s) for more than one use, you may check multiple Product Use Categories (above).  
You will be required to submit a separate, complete application, with all associated fees, for each product and for each use.

First-time Applicant     Application Kit ordered previously or Company has at least one OMRI Listed product  
If you have already submitted this form with payment or have at least one OMRI Listed product, then no payment is required for Kit; skip Section C.  
Mail completed Pre-Application Questionnaire to OMRI, PO Box 11558, Eugene, OR 97440-3758, U.S.A. or fax to 541.343.8971.

## Section C: Fee Payment for Application Kit

Complete the credit card information requested below, or enclose a check (U.S. funds only) for \$39.  
Mail completed Pre-Application Questionnaire to OMRI, PO Box 11558, Eugene, OR 97440-3758, U.S.A. or fax to 541.343.8971.

A check (US funds only) is enclosed payable to OMRI.

Please charge my credit card     Visa     MasterCard     AmerEx     Discover     Other \_\_\_\_\_

Name (as appears on card)		Signature	
Billing Address of Cardholder			
Card Number		Expiration Date	Security Code (3 or 4 digits on back of card)