

Section 1					
Farm Name:					
Physical Address:					
Thysical Madress.		Street	City	Zip code County	
Mailing Address: (If different from Physical Address)					
		Street	City	State Zip code	
Farm Phone: (	) -	Farm Email:			
POC Name:			POC Title:		
	First	Last	Tiue.		
<b>POC Phone:</b> (	) -	POC Email:			
POC's preferred mode of	f contact?	☐ Email	☐ Phone ☐	Mail	
Training as required by 1 112.22(c) of the Produce	Part 		1 1		
Safety Rule: (If completed)		Course Name	Date of Attendee Name		
Section 2					
			☐ Less than \$25,000	□ \$25,000 to \$249,999	
Average Annual Produce Sales (over previous 3 years):			□ \$250,000 to \$499,999	□ \$500,000 or more	
To be eligible for a qualified averaging less than \$500,00 farm's sales to qualified end during the previous three y user' is defined as either the consum same state/reservation or less than 2	O per year during d-users must except the control of the food OR a	arm must have fooding the previous threed sales to all other lescribe your farm? restaurant/retail establish	d sales ee years, and the ers combined ? ('Qualified end-	□ Yes □ No	
tops) and sugar beets; cashews	Northern beans, l s; sour cherries; c ts; figs; horseradi	kidney beans, lima bo hickpeas; cocoa bean sh; hazelnuts; lentils;	eans, navy beans, and pir s; coffee beans; collards	nto beans; garden beets (roots and ; sweet corn; cranberries; dates; peppermint; potatoes; pumpkins;	
Does your farm handle a	ny nroduce the	t is NOT include	d in the above list?	$\Box$ Yes $\Box$ No $\Box$ N/A	

Type of operation(s) conducted for the ☐ Growing ☐ Packing ☐ Other:	ne produce you specifi ☐ Harvesting ☐ Processing		ark all that apply): ☐ Holding ☐ Retail				
Seasonal growing period for specified	d produce (MM/DD to MI	M/DD): /	to to	/			
Approximate acreage of farm:	<ul><li>☐ Less than 10</li><li>☐ 501 - 1000</li><li>☐ More than 5000</li></ul>	□ 11 - 100 □ 1001 - 250					
Is any of the produce you specified al	bove intended for furt	her processing?	☐ Yes	□ No			
If yes, please explain.							
Section 3							
Does farm undergo third-party audit	s? □ Yes	□ No					
Farm's water source (mark all that appl	y):	□ Well □	Pond	er:			
Does well/pond water come into contact with any produce you specified in Section 2? This includes water used in pesticide application, frost prevention, and post-harvest activities (i.e. washing, packing, ice, etc.). $\square$ Yes $\square$ No							
If yes, please explain.							
Are Biological soil amendments of Animal Origin (compost, manure, etc.) used on any of the produce you specified in Section 2? $\Box$ No							
If yes, please explain.							
By signing this form, I attest that the	information containe	d herein is accur	ate for my inte	nded			

operations and I meet the qualifications laid out by this instrument. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so that any requirements can be reassessed to ensure continued compliance with the Department's regulations.

If yes, please specify any produce your farm handles that is NOT included in the above list.

Signature:	Date:	/	1
For Department Use Only:			
Farm ID Number:			