



Return the completed form to:
 Washington State Department of Agriculture
 Organic Food Program
 PO Box 42560; 1111 Washington Street SE
 Olympia, WA 98504-2560
 (360) 902-1805, organic@agr.wa.gov

Inspection Authorization Form

Product Information

Name of the product(s) (as appears on the label)
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Registered Company Information

Registered Company Name			
Contact Name	Title		
Mailing Address			
City	State	Zip Code	Country

Manufacturer Information

Company Name			
Contact Name	Title		
Mailing Address			
City	State	Zip Code	Country
Manufacturing Facility Address (if different than above)			

I (we) [Print Name(s)] _____, an authorized representative of the manufacturer listed above, give consent the Washington State Department of Agriculture, or its representative, to enter the manufacturing facility listed above for announced or unannounced inspections during normal business hours or other reasonable times for the purposes of:

1. Inspection of the portion of the manufacturing facility listed above where the product(s) listed above or its materials, inputs, or ingredients are stored, produced, manufactured, packaged or labeled.
2. Inspection of records related to the sales, storage, production, manufacture, packaging, or labeling of the product(s), materials, inputs or ingredients
3. Taking of samples of product(s), materials, inputs or ingredients.

I consent to the jurisdiction of the state of Washington in all matters pertaining to the registration on the brand name materials list of the product(s) listed above. I understand and acknowledge that refusal to provide consent to inspection will result in the revocation of the registration or denial of the application for registration for the product(s) listed above. I understand and acknowledge withdrawal of consent granted here or that the refusal to allow inspection of the manufacturing facility or records or failure to allow taking of samples as provided above are grounds for revocation of the registration or denial of the application for registration of the product(s) listed above.

Signature: _____

Title: _____

Date: _____