



# Application Form

## Mendocino Renegade Program

<p><b>1. Name of Applicant</b></p> <p>First _____ Middle Initial _____ Last _____</p> <p>Name of Operation _____</p> <p>Physical Address _____</p> <p>_____</p> <p>city, county, zip code _____</p>	<p><b>2. Contact Information</b></p> <p>Phone _____ Fax _____</p> <p>e-mail _____</p> <p>website _____</p> <p>mailing address _____</p> <p>_____</p>
<p><b>3. a. Farming/Ranching/Gardening Operation</b></p> <p>Acres/Sq. Ft. of farm or garden: _____</p> <p>Crops and/or livestock grown: _____</p>	<p><b>3. b. Processing/Manufacturing/Restaurant Operation</b></p> <p>Sq. Ft. of facility: _____</p> <p>Products: _____</p>

4. How long at this location? \_\_\_\_\_ Do you own or lease? \_\_\_\_\_ Name of owner (if lease): \_\_\_\_\_
5. How many years farming/gardening/processing by biological standards? \_\_\_\_\_
6. Prior certification? Yes \_\_\_ No \_\_\_ Certified by: \_\_\_\_\_ Which years? \_\_\_\_\_
7. Do you agree to abide by all Mendocino Renegade principles, standards and materials? Yes \_\_\_ No \_\_\_
8. Do you agree to review two other Mendocino Renegade certified operations each year? Yes \_\_\_ No \_\_\_
9. Please attach a map and plot plan of your farm, garden or ranch or a process flow chart for your processing operation.
10. I understand that I am solely responsible for any customer illness or problems resulting from what I grow or produce, regardless of whether my operation is certified by Mendocino Renegade or not.
11. I understand that Mendocino Renegade certification does not in any way imply or suggest affiliation or compliance with any other certification program and that I am not to represent it as such.

\_\_\_\_\_  
Signature

### Certification Affidavit

I certify that the information provided in this application is accurate and true. Furthermore, I understand that any misrepresentation of the farm or business described herein will be grounds for denying my application and/or removing my farm or business from the **Mendocino Renegade** certification program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date