

Authorization Number _____
(Division use only)



**Department of Natural Resources
Division of Agriculture
1800 Glenn Highway, Suite 12
Palmer, Alaska 99645
Phone (907) 745-7200 Fax 745-7254**

ALASKA GROWN APPLICATION

FARM, MARKET OR COMPANY NAME: _____

APPLICANT(S) NAME: _____

Mailing Address: _____
(Complete address to include City & Zip)

Phone: _____ **Fax:** _____

E-mail: _____ **Web Site:** _____

ALASKAN GROWN PRODUCTS: _____

DO YOU WANT TO BE ADDED TO SOURCE BOOK: Yes _____ No _____

BUSINESS LICENSE NUMBER: _____

POLICY FOR USE:

This logo is available for use on quality agricultural products that meet the established grade standards for the top two grades for the particular item. Those products not having USDA or state grades established will be evaluated on the basis of commodity or industry association guidelines. All products will be 100% locally grown except in the case of processed food items, which require some condiments, spices, etc., not produced in Alaska. On-site verification is desirable and may occur when the Division of Agriculture has someone in your area.

AFFIDAVIT OF ELIGIBILITY:

I, the undersigned, do hereby certify that I produce a product (or products) in Alaska, and that this product (or products) satisfies the requirements of the ALASKA GROWN program, as specified by the Department of Natural Resources, Division of Agriculture, and I request that I be authorized to use the ALASKA GROWN program, as specified above. In addition, I take full responsibility for the proper use of said logo in accordance with the policy requirements of the Division of Agriculture.

Applicant's Signature

Date