Plant Division – Organic Section
111 Corporate Drive
Frankfort, KY 40601

KENTUCKY DEPARTMENT OF AGRICULTURE
Jonathan Shell, Commissioner

502-573-0282
www.kyagr.com

VOLUNTARY WITHDRAWAL FORM

I, _____, wish to withdraw my application for organic crop/handling/livestock certification with the Kentucky Department of Agriculture Organic Program. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal.

An applicant that voluntarily withdraws prior to the issuance of a notice of noncompliance or certification denial will not be issued a notice of noncompliance or certification denial.

_____ _____
Signature Date

Operators Name: _____

Business/Farm Name: _____

Mailing Address: _____

City/State/Zip: _____

Physical Address (If Different): _____

Phone Number: _____ Email: _____