



**CARIBOO REGIONAL DISTRICT
INVASIVE PLANT MANAGEMENT PROGRAM
CERTIFIED ORGANIC OPERATION NOTIFICATION FORM**

Farm Name: _____
Contact Person(s): _____
Civic Address: _____
Mailing Address: _____
Phone Number: _____
Email: _____
Name of Organic
Certification Organization: _____
Certified Organic Crop(s): _____

Certification Status: _____
Legal Description of
Property with
Certification: _____

Additional Information: _____

Date: _____ Signature: _____

Please return completed forms to the CRD's Invasive Plant Management Program by mail, email, or in person.