

Please complete the form online by clicking in the appropriate field and typing.
You may save and email the application to Kim.Allen@alaska.gov for expedited processing
but prior to final approval we will need a signed form mailed or faxed to us.

Authorization Number: _____
(Division use only)



**Alaska Department of Natural Resources
Division of Agriculture**

1800 Glenn Highway, Suite 12 • Palmer, AK 99645
Phone (907) 745-7200 • Fax (907) 745-7112

Alaska GROWN® Application

Farm, Market, or Company Name: _____

Applicant(s) Name: _____

Mailing Address: (city, state, zip) _____

Phone: _____ **Fax:** _____

Email: _____

Web Site: _____

Alaska Grown Products: _____

Would you like to join the new Alaska Grown listserv to receive important notifications?

Yes: _____ **No:** _____

Do you want to be added to the online Source Book?

Yes: _____ **No:** _____

If you answered "Yes" please complete Page 2.

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 Director's Policy (<http://dnr.alaska.gov/ag/Marketing/AKGrownDirectorsCertificationPolicy010410.pdf>) requirements of the Division of Agriculture. I understand that this license may be terminated or my listing removed from the Source book (if applicable) by the Division of Agriculture for good cause.

Applicant's Signature: _____ **Date:** _____

Alaska Division of Agriculture Authorization Signature (Division use only): _____

Division of Agriculture staff will contact the applicant to verify information on application. This application will expire three months after receipt if staff is unable to contact the applicant.

Online **Source Book** Listing Information

Thank you for your interest in becoming part of the online Alaska Grown Source Book!
Please complete the following with information about your farm as you would like it listed.

Forms of Payment Accepted:

- Cash
- Check
- Credit Card
- SFMNP (Senior Farmers Market Nutrition Program)
- SNAP/ Quest (Supplemental Nutrition Assistance Program)
- WIC/ FMNP (Women-Infant-Children/ Farmers Market Nutrition Program)

Selling Locations:

- Farm Stand
- Direct from Farm
- By Appointment Only
- Direct to Restaurants
- CSA (Community Supported Agriculture)
- Direct to Institutions (Senior facilities, Universities, Prisons, Hospitals, etc.)
- Grocery Stores
- Direct to Distributors
- Direct to Schools
- U-Pick (Customers pick their own product out of your fields, only for fruits and vegetables)

List Farmers Markets where your farm is a vendor: _____

Additional Business Information:

- Alaska Grown Member
- Certified Organic with USDA Organic Label
- Willing to Host Farm Tours
- Has Certified Weed Free products (Please specify weed free products below)
- Wholesale Rates Available (For Schools/Senior Facilities/Hospitals/Etc.)
- Will Ship to Bush (Please specify if restricted to certain areas below)
- Year Round Availability (Please specify products available below)

Provide Physical Address Below: (If different from mailing address, please include street, city, zip)
