



REGISTRATION APPLICATION FOR WHOLESALE FRUIT AND VEGETABLE GROWERS AND DISTRIBUTERS

State Form 55150 (1-13)
IC 16-42-1, IC 16-42-2, IC 16-42-5

INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM
2525 North Shadeland Avenue, Suite 10-B / MC E-3
Indianapolis, Indiana 46219
Telephone: (317) 351-7190
Fax: (317) 351-2679

INSTRUCTIONS: This form is for producers who wholesale fruits and vegetables for potentially raw consumption. Return the completed form to the Indiana State Department of Health – Food Protection Program at the above address.

Name of farm owner		Date (month, day, year)
Name of farm		
Brand(s) sold under		
Name of primary responsible contact person	Telephone number ()	Fax number ()
Mailing address (number and street, city, state, and ZIP code)		
E-mail address	Website of farm	

1.	Physical address for crops (number and street, city, state, and ZIP code)		GPS coordinates, if known
	Is this land owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Total acreage
	Crops grown, including acreage for each crop:		
	Is there livestock on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of livestock	
2.	Physical address for crops (number and street, city, state, and ZIP code)		GPS coordinates, if known
	Is this land owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Total acreage
	Crops grown, including acreage for each crop:		
	Is there livestock on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of livestock	
3.	Physical address for crops (number and street, city, state, and ZIP code)		GPS coordinates, if known
	Is this land owned or rented? <input type="checkbox"/> Owned <input type="checkbox"/> Rented		Total acreage
	Crops grown, including acreage for each crop:		
	Is there livestock on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of livestock	

Have you completed a good agricultural practice (GAP) training? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of training program (month, day, year)
Do you have a third party certification in food safety? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of certification (month, day, year)
Certification(s)	
Certifying body	Please attach a copy of the certificate.
Are you certified organic? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not certified, but follow organic practices.	
Do you use manure for the purposes of soil augmentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the water you use for irrigation public or private? <input type="checkbox"/> Public <input type="checkbox"/> Private
Do you test your irrigation water for bacteriological contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date of last test (month, day, year)
Result of last water test	
Please describe the wet and dry cleaning methods used for produce on your farm.	
Do you maintain physical holding facilities for any of your fruits and vegetables? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, physical address (number and street, city, state, and ZIP code)	
Do you distribute product obtained from other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which sources?	
Do you participate in any direct agricultural market sales? (Check all that apply.) <input type="checkbox"/> Farmers' market <input type="checkbox"/> Farm stand <input type="checkbox"/> Community Shared Agriculture (CSA) <input type="checkbox"/> U-Pick <input type="checkbox"/> Other _____	
Would you like to be contacted regarding the State of Indiana's voluntary GAP training program, conducted by the Purdue University Agricultural Extension? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature of applicant	Date (month, day, year)
Printed name of applicant	

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Registration number	Classification	Region code