

**Maryland Department of Agriculture  
Private Label Use Agreement for Organic Claims  
MDA Certified Co-Packing Operation**

*Section 205.303 and 205.304 of the USDA National Organic Standards requires a certifier statement to be displayed on packaged products represented as 100% Organic, Organic or Made with Organic.*

This private label agreement, when completed and signed by the indicated parties listed below will serve as an agreement for the private label manufacture and the use of an appropriate organic certification statement and/or seal, only for product(s) designated below.

**First Party (Co-Packing Company- MDA certified operation)**

**Company Name:** \_\_\_\_\_

**Certification Number:** \_\_\_\_\_

**Second Party (Private Label Company)**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Products to be private labeled on behalf of the Second Party:**

**Brand Name to appear on the private labeled items above:**

**Describe each party's responsibilities for product formulation, label compliance, and handling in production and distribution:**

**Second Party Certifying Agency**

**For the private label products listed above, is the Certifier of the Private Label Company listed on the product labels instead of MDA? (Yes / No)\_\_\_\_\_**

**If the answer to the above is Yes, please provide contact information for a Certifier representative able to sign this document.**

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**Second Party Certifying Agency Name:** \_\_\_\_\_

**Second Party Certifying Agency Representative Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_

**Title** \_\_\_\_\_

*Acknowledgement that The Maryland Department of Agriculture has communicated to obtain and share all information necessary to guarantee full compliance.*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**First Party Authorized Representative:**

**Name (please print)** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Second Party Authorized Representative:**

**Name (please print)** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_