



Labeling Program Application

Applicant's Name: _____

Address: _____ County: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Brief Description of Farming Business/ Operation: _____

Veteran Produced Items that will be sold under this program, including months label will be used: _____

Type of Food Safety Program completed with date of completion: _____

Military Status: Active Duty National Guard/Reserve Veteran

Branch: _____

Waiver of Liability and Photo Consent:

The undersigned certifies that all items sold under this program are items that have been grown/produced by the applicant.

The undersigned, individually or as a spouse, parent or guardian, in partial recognition of services rendered and benefits conferred by Veterans in Agriculture, hereby releases and forever discharges Veterans in Agriculture, its agents and assigns, from any and all claims, demands or actions, causes of actions, or suits of whatsoever kind or nature of damages sustained by the above named client or accruing to the undersigned in consequence of any accident or occurrence resulting from the participation in any program of Veterans in Agriculture, and is engaged in any venture or activity solely on his or her own behalf. I grant permission to record and use of my image, likeness, etc. for the purpose of this program and for Veterans in Agriculture publications and media.

The applicate understands that with the completion of this form they agree to comply with all of the requirement and policies that have been established by VIA. Applicant is aware that labels and other logo items are provided at a charge and cannot be provided to individuals who have not applied for us under this program.

Signature: _____ Date: _____

Witness: _____ Date: _____

Attach: Copy of DD214

Send completed application to the address below.

Veterans In Agriculture, 10861 Douglas Ave, Urbandale, Iowa 50322
Telephone: 515-252-7810, email: beth@veteransinagriculture.org
www.VeteransInAgriculture.org

For office use:

Application Reviewed: _____

Labels requested: Year _____: Number _____: Date of Payment: _____

Other Items Requested: _____