

NEW MEXICO DEPARTMENT OF AGRICULTURE

Division of Standards and Consumer services

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New Mexico Fresh Chile Verification Form

Farm Business Name: _____

Grower/Producer Name: _____

Date: _____

Contact Name: _____

(if different from above)

Identification
Number: _____

Physical Location
of Farm: _____

County: _____

(Address or Township, Range, Section)

Mailing Address: _____

(if different from above)

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Type of Chile (DESCRIBE) Please place a check mark next to your description)

Green Chile

Red Chile

Jalapeño

Other

Describe: _____

By Signing this Document, I verify the Product I am selling as New Mexico Chile complies with all requirements set forth under the New Mexico Chile Advertising Act, Chapter 25, Article 11, Sections 1 through 5, New Mexico Statutes Annotated 1978 Compilation and follows the requirements set forth under 21.16.7 NMAC, NM Chile Labeling provided is true and accurate:

Signature: _____

Date: _____

NOTE: This document MUST follow product.