

NEW MEXICO DEPARTMENT OF AGRICULTURE

Division of Standards and Consumer services

Box 30005 / MSC 3170

Las Cruces, New Mexico 88003 - 8005

Telephone: (575) 646-1616 Fax: (575) 646-2361

nmchile@nmda.nmsu.edu

New Mexico Processed Chile Verification Form

Business Name: _____

Contact Name: _____

(if different from above)

Physical Location
of Business: _____

County: _____

Mailing Address: _____

(if different from above)

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

Email Address: _____

Type of Product(s) - Describe or supply the department with a copy of your label(s). You may attach a hard copy of your label(s) or an electronic copy(s).

Describe:

By Signing this Document, I verify the Product I am selling as containing 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 be submitted to the New Mexico Department of Agriculture