



New Mexico Department of Agriculture

New Mexico Department of Agriculture

Division of Standards and Consumer Services

Email: nmchile@nmda.nmsu.edu Office: 575-646-1616 Fax: 575-646-2361

PROCESSED Registration Form

New Mexico Chile Advertising Act

Return this form completed and attach required documents for approval.

Business Name: _____

Name of Contact(s): _____

Mailing Address: _____, City _____, State _____, Zip _____

Contact's Telephone #: _____ E-Mail: _____

Physical Location: _____, City _____, State _____, Zip _____

Business Telephone #: _____ E-Mail: _____

Fax #: _____

Circle Yes or No

- Is your company currently part of NMDA's New Mexico Grown with Tradition program? YES NO
Is your company currently part of NMDA's New Mexico Taste the Tradition program? YES NO
Is your company currently part of the New Mexico Chile Association? YES NO
Is your company currently part of the New Mexico Certified True program? YES NO

TYPE OF COMPANY (Please mark all that apply):

Grower Processor Retailer Distributor Produce Vendor
Restaurant Winery Nursery Other (specify)

PROCESSED SECTION (All information requested below REQUIRED)

- Submit traceability documents for the New Mexico chile (ex. invoices, bill of ladings, etc.)
New Mexico chile (ex. pod type's; red & green chile, jalapenos, chipotle, chimayo, bell peppers & chile de arbol, etc.)
Name and mailing address of supplier/producer of your New Mexico chile:

- 1.
2.
3.

Attach additional sheet if needed

- List your additional products and provide description (ex. salsa, sauces, cheese, etc.)

- 1.
2.
3.
4.

Attach additional sheet if needed

- Submit clear and concise labels for each New Mexico chile product(s).
- List retail outlets supplied:

1. _____
2. _____
3. _____

Attach additional sheet if needed

By signing this document, I verify the product I am selling/producing 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 NMAC 21.16.7, New Mexico Chile Labeling, provided is true and accurate.

Signature: _____

Date: _____

SUBMIT BY:

Mail: New Mexico Department of Agriculture
 Attn: New Mexico Chile Advertising Act
 Division of Standards and Consumer Services
 PO Box 30005/MSC 3170
 Las Cruces, NM 88003

Fax: 575-646-2361
Email: nmchile@nmda.nmsu.edu

OFFICE USE ONLY

Date Received: _____	Label attached: Yes _____ No _____
Date Verified: _____	Invoice of Supplier attached: Yes _____ No _____
Verifier: _____	List of Retail Outlets: Yes _____ No _____
Comments: _____	

