Claims Approval Request Form

Program Users are required to submit a written Claims Approval Request via email to [assurance@leadingharvest.org](mailto:assurance@leadingharvest.org) for authorization for the use of any claim requiring approval.

For more information, please refer to Section 6 of the Leading Harvest Claims Guidelines.

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| **Company Information** | **Claims Approval Request Submission Date** | Click or tap to enter a date. |
| Name of Licensee Organization | Click or tap here to enter text. |
| Primary Contact Name | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone (optional) | Click or tap here to enter text. |
| Leading Harvest Certification and Commercial Relationship (Attach documents) | *Please attach when submitting your request via email.* |
| **Claims Information** | Type of claim (e.g., product, farmland, claim about Leading Harvest) | Click or tap here to enter text. |
| Exact wording of the proposed claim | Click or tap here to enter text. |
| Use of Leading Harvest Trademark (y/n) | Choose an item. |
| Traceability system used (e.g. controlled mass balance, physical segregation) | Click or tap here to enter text. |
| Total product Volume by Ingredient (Attach document) | *Please attach when submitting your request via email.* |
| Intended regional market(s) for the claim | Click or tap here to enter text. |
| EU market only: claims use is verified to comply with green claims regulation (y/n) | Choose an item. |
| Other, as applicable | Click or tap here to enter text. |