**OCal Affidavit of Land History**

* This document is your attestation of materials applied to the land during your management control and is necessary to determine the parcel’s eligibility for OCal certification. If you have a special situation regarding verification of land use, contact CCOF to discuss it.
* Where more than one party must attest to activities, use additional copies of this [OCal Affidavit of Land History](https://www.ccof.org/resource/sample-ocal-affidavit-land-history).
* To establish land history, CCOF may require additional verification from government agencies (e.g. Pesticide Use Reporting) or other sources (e.g. contract materials applicators). ***Making a false statement to a certifying agent may result in denial of certification pursuant to 3 CCR §10505.***
1. **This Affidavit of Land History pertains to the following parcel:**

|  |  |
| --- | --- |
| Parcel name: |  |
| Block/lot numbers or greenhouse/shadehouse numbering, if applicable: |  |
| Parcel Acreage: |  |
| Street address: |  |
| City: |  | County: |  | State:  |  | Country: |  |
| Geographical coordinates or latitude/longitude; County Assessor’s Parcel Number (APN), Section/Township/Range (S/T/R), or other parcel location description: |  |

1. **I have direct and comprehensive knowledge of the activities and materials applied to the parcel named above from:**

|  |  |  |
| --- | --- | --- |
|  | **through** |  |
| *MM/DD/YY* |  | *MM/DD/YY* |

**I have this knowledge because:**

[ ]  I owned the parcel and controlled activities taking place there during this time period.

[ ]  I managed the parcel and controlled activities taking place there during this time period.

|  |  |
| --- | --- |
| [ ]  Other (describe): |  |

1. **Attestation of Material Use:**
* *The CDFA OCal standards require that land used for OCal production complete a three-year transition free of applications of prohibited materials.*
* *Complete this section to attest to* ***all materials used*** *during the time period you have listed in part B above,* ***including the current crop cycle*** *if your operation currently manages the parcel, but* ***excluding any materials used more than 3 years ago.***
* *List the full product brand name, manufacturer name, and application date for* ***all*** *materials applied to this parcel during the relevant time period, including, but not limited to: fertilizers, pest or disease control materials, herbicides, compost and manure, seed treatments (including coatings, pelleting materials, and inoculants),* growing media (e.g. substrate, planting mix, potting soil), *adjuvants, etc.*

**During the time period listed in part B above (excluding dates more than 3 years ago, if applicable), I attest the following:**

[ ]  No materials of any kind were used (including during the current crop cycle, if applicable).

[ ]  All materials used (including during the current crop cycle, if applicable) are listed in the Table of Materials Used on the following page.

[ ]  All materials used (including during the current crop cycle, if applicable) are listed on attached pages, including full product/manufacturer names and application dates.

**I attest that the information above is complete and correct to the best of my knowledge. I understand that making a false statement to a certifying agent may result in denial of certification pursuant to 3 CCR §10505.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Print): |  | Title: |  |
| Company: |  |
| Email: |  | Phone: |  |
| Signature: |  | Date: |  |

1. **Table of Materials Used**

|  |  |
| --- | --- |
| **Parcel name:** |  |

This is a list of **all materials (fertilizers, pest or disease control materials, herbicides, compost and manure, seed treatments (including coatings, pelleting materials, and inoculants), growing media (e.g. substrate, planting mix, potting soil),** **adjuvants, etc.)** used at this parcel during the time period indicated in section B of the parcel’s Affidavit of Land History.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Product Name** | **Full Manufacturer Name** | **Application Date(s)** | **Type** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |