



Operation Name: _____ Date: _____

- **Applicants for OCal certification:** Complete this form to describe your parcels used for OCal cannabis production.
- **Certified operations:** Complete this form to add a new parcel to your OCal certification (including land adjacent to existing parcels). **This form and supporting documents (map, land history) must be reviewed by CCOF prior to inspection of a new parcel. Submit this form and supporting documents to the CCOF office.** See our [Add Acreage Instructions](http://www.ccof.org/documents) available at www.ccof.org/documents for fees and other details.

A. Parcel Location and Cannabis

- Complete a **separate copy** of this form for each:

- Physically separate, non-adjacent area you wish to certify.
- Area with a different OCal eligibility date, even if adjacent.

1) Parcel name or code: _____

2) Block/lot number(s), or greenhouse/shadehouse numbering, if applicable: _____

3) Street address: _____

City: _____ County: _____

State/Province: _____ Country: _____

4) County Assessor's parcel number (APN), Section/ Township/ Range, or other legal description: _____

5) Geographical coordinates or latitude/longitude (in decimal form), and/or additional location information, such as cross street/road: _____

6) At this parcel, when do you expect to begin harvesting cannabis that you wish to market as OCal? _____

Cannabis harvested prior to inspection cannot be certified.

MM/DD/YY

7) Parcel acreage (Total acres to be certified OCal at this location): _____

Include all acreage that you plan to use for OCal cannabis production. Exclude non-production areas (e.g. homes, parking areas, post-harvest handling/storage locations).

8) List strains currently grown (or planned to be grown) on this parcel, and the acreage for each strain. This is how your cannabis will be listed on your CCOF Client Profile. Attach an additional list if necessary. If you prefer your Client Profile to only list "cannabis," you may refrain from listing the strains and instead list the total acreage of cannabis grown on this parcel.

Strain	# of Acres	Strain	# of Acres

9) Is production at this parcel in containers (not in the ground)?

☐ No ☐ Yes. Complete or update [OCal 3.1 Container & Greenhouse/Shadehouse Production](#).

10) Are there existing installations of lumber treated with arsenate or other prohibited materials within the boundaries of this parcel?

*Lumber treated with prohibited materials may not be used for **new installations or replacement purposes** in contact with soil or cannabis.*☐ No. Skip to section B.☐ Yes. Identify all treated lumber on parcel map (see section C below) AND complete or update [OCal 6.0 Production](#).

a) Describe existing treated lumber (e.g. endpost, trellis, stakes, etc.): _____





b) Date of installation: _____

B. Adjacent Land Use and Buffer Zones

Ocal parcels must have distinct boundaries (borders). Buffer zones are areas located between land maintained under OCal or NOP certified organic management and an adjacent land area not maintained under OCal or NOP certified organic management. They must be managed according to OCal standards and must be sufficient to prevent contamination of OCal land and cannabis by prohibited materials applied to adjacent land, and/or by products produced by genetic engineering (e.g. GMO seed). **Notify CCOF immediately of any application or drift of a prohibited material to OCal land or cannabis.**

1) Describe all adjacent land uses and buffer zones surrounding this parcel.

Border	Adjacent Land Use		Buffer Zone Type (farm road, grass strip, canal, etc.)	Buffer Width (ft)	Is Cannabis Grown in Buffer Zone? (Y/N)
	(cropland, open land, residential, etc.)	Organic /OCal (Y/N)			
N					
S					
E					
W					

C. Maps

Our **Parcel Maps Guide** is available at www.ccof.org/documents.

Attach an 8 1/2" x 11" (standard page size) map of the parcel listed above. **Maps utilizing satellite imagery are preferred**; however, acceptable maps also include Assessor's Parcel Maps or other maps **drawn to scale** that **clearly show the boundaries** of the parcel. **Include all of the following on your map:**

- ☐ Directional arrow (N/S/E/W).
- ☐ Parcel boundaries outlining the entire area intended for certification. *Include all acreage that you plan to use for OCal cannabis production. Exclude non-production areas (e.g. homes, parking areas, post-harvest handling/storage locations).*
- ☐ Notation of total parcel acreage.
- ☐ Permanent identifiers (if applicable): numbering or names of blocks/lots, greenhouse/shadehouses, paddocks, etc.
- ☐ Nearest public roads and other landmarks used to navigate to the parcel (railroad tracks, buildings, etc.)
- ☐ Other areas associated with your OCal operation (e.g. nursery production, storage areas for materials and/or crops, post-harvest handling locations, etc.)
- ☐ Adjacent land uses (for example: "non-OCal cannabis," "nonorganic walnuts," "non-organic pasture," "residential," etc.).
- ☐ Location and width of buffer zones (areas between the OCal parcel border and adjacent land not under OCal/organic management). *Indicate if cannabis will be grown in the buffer zone.*
- ☐ Natural resources (such as waterways, woodlands, riparian areas, windbreaks, beneficial habitat, conservation areas, wildlife corridors, etc.)
- ☐ Existing installations of treated lumber.

D. Land History & Activities

To sell or represent crops as 'OCal,' there must not have been any prohibited materials applied to the land or cannabis for at least 3 years preceding the date of harvest. For container systems built and maintained on land, this includes the land within the parcel boundaries and materials used within containers. **Failure to provide accurate information may result in CCOF being unable to recognize any of the land use history provided.**

- 1) When did you begin managing this parcel? M: _____ D: _____ Y: _____
(The date you bought, began leasing, or otherwise became responsible for management of the land)
- 2) Is this parcel currently certified OCal or organic?
☐ Yes. Skip to section E. ☐ No. Complete this section.





- 3) Is all production at this parcel in containers AND on permanent, solid, impermeable flooring (e.g. concrete)?
☐ Yes. Skip to section E. ☐ No, all production is in-ground. Complete this section.
☐ No, container production is in containers on land OR on a permeable or removable surface. Complete this section.
- 4) Date of the Last Prohibited Material application (DLPM): M: _____ D: _____ Y: _____
(The most recent application of any prohibited material, including fertilizers, pesticides, and any other materials such as treated seed, adjuvants, etc.)
- 5) Material(s) applied on the DLPM: _____
- 6) If you have not managed the parcel for the entire past three years (or since the DLPM identified above, if < 3 years ago), identify the person(s) who had control of the parcel prior to your management. Attach additional pages if necessary.
☐ N/A, my operation has had control of the parcel for the past three years (or since the DLPM if < 3 years).
☐ Additional page(s) attached

Owner or Manager (check one)	Name	Start Date (MM/YY)	End Date (MM/YY)
<input type="checkbox"/> owner <input type="checkbox"/> manager			
<input type="checkbox"/> owner <input type="checkbox"/> manager			
<input type="checkbox"/> owner <input type="checkbox"/> manager			

- 7) What crop production or other activities have occurred on this parcel during the past three years (or since the DLPM if < 3 years)?
- ☐ Fallow M: _____ Y: _____ TO M: _____ Y: _____
- ☐ Cover cropping M: _____ Y: _____ TO M: _____ Y: _____
- ☐ Pasture M: _____ Y: _____ TO M: _____ Y: _____
- ☐ Production of crops (list crops grown in box below) M: _____ Y: _____ TO M: _____ Y: _____
- ☐ Other (describe in box below) M: _____ Y: _____ TO M: _____ Y: _____
- a) Additional information regarding the activities listed above:

- 8) Since the DLPM, have prohibited materials of any kind been applied to any parcel borders or portions of the parcel not submitted for certification (e.g. herbicides or other prohibited materials applied to blocks or lots associated with the same APN, or to land contained under the same CA pesticide use reporting site ID)?
- ☐ No. Skip to section E. ☐ Yes. Complete this section.
- a) Describe below, including names of materials used and application dates, and attach a map clearly showing locations of use.
☐ Map attached





E. Verification of Land History & Activities

*Your land cannot be certified OCal until all land history documentation is complete, the parcel has been inspected, and the inspection report reviewed. To establish land history CCOF may require additional verification from other sources such as Pesticide Use Reporting, or contract materials applicators. **Making a false statement to a certifying agent may result in denial of certification pursuant to 3 CCR §10505.***

► Provide one of the following to verify land history.

- If the field is **currently certified organic or certified OCal**, provide **both** of the following:
 - ☐ A copy of a current organic certificate or OCal certificate listing that field/parcel
 - ☐ Verification there has been no lapse in organic or OCal management (for example, written confirmation from current certifier, completed Affidavit of Land History covering relevant time period, etc.)
- If the field is **not currently certified organic or certified OCal**, provide **one** of the following:
 - ☐ One or more copies of the Affidavit of Land History, signed and dated by each person identified in question F6 above, OR
 - ☐ Alternative documents, signed and dated by each person identified in question F6 above, which contain all of the information requested in the Affidavit of Land History

► For **container systems**: Provide one of the following: ☐ Not applicable, all crops are grown in ground.

The parcel will be evaluated for certification for future container production only.

- If all production at the parcel is in a **container system built or maintained on land**, provide the appropriate land history as noted in one of the two bullet points above, **AND**:
 - ☐ A statement signed and dated by an authorized representative of your operation listing:
 - 1) The planting date for your current container-grown cannabis **and**
 - 2) The full names of all materials used or applied from that date through the present, including the growing media/substrate and all fertility, pest control, and other materials used to date.
- If all production at the parcel is in a **container system on permanent, solid, impermeable flooring**, provide the following:
 - ☐ A statement signed and dated by an authorized representative of your operation listing:
 - 1) The planting date for your current container-grown cannabis **and**
 - 2) The full names of all materials used or applied from that date through the present, including the growing media/substrate and all fertility, pest control, and other materials used to date, **and**
 - 3) A description of the removal of potential contamination sources prior to transition to OCal production.





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](#).
- ▶ 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.**

A. 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: _____

B. 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): _____

C. 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: _____



