|  |  |  |  |
| --- | --- | --- | --- |
| **Operation Name:** |  | **Date:** |  |

* Use this form during the new application process and to add acreage to an already certified operation.
* Once submitted, this form does not need to be updated in the future. Notify CCOF in any written format of future cropping changes.

1. **Parcel Location and Crops**

* Complete a separate copy of this form for each:
* Physically separate, non-adjacent area you wish to certify.
* Area with a different organic eligibility date, *even if adjacent.*
* Area with a different production system (e.g. in-ground vs. in containers), *even if adjacent.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Field name or code: | | |  | | | | |
| 1. Block or lot number(s) if any: | | | |  | | | |
| 1. Street address: | |  | | | | | |
| City: |  | | | | | County: |  |
| State/Province: | |  | | | Country: | |  |

1. County Assessor’s parcel number (APN), Section/ Township/ Range, or other legal description:

|  |
| --- |
|  |

1. Additional location information, if known, such as geographical coordinates, geo code, latitude/longitude or cross street/road:

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. When do you plan to harvest a certified organic crop from this parcel? | M: |  | D: |  | Y: |  |

*Crops harvested prior to inspection cannot be certified.*

|  |  |
| --- | --- |
| 1. Total acres to be certified organic at this location: |  |

1. List crops currently grown (or planned to be grown) on this parcel, with the acreage for each crop. Attach an additional list if necessary.

| Crop | # of Acres | | Crop | # of Acres |
| --- | --- | --- | --- | --- |
|  | |  |  |  |
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1. Is production at this parcel in containers (not in the ground)?

No

Yes. Complete or update[OSP G3.1 Seedlings, Transplants, Container, & Greenhouse/Shadehouse Production](https://www.ccof.org/documents/g31-seedlings-transplants-container-greenhouseshadehouse-production)**.** Complete a separate G3.1 if the parcel is managed under a different container production system than existing container parcels.

1. **Transitional Status**

Following inspection and review, “CCOF Certified Transitional status” will be granted to parcels that have undergone one year of documented organic management and comply with all aspects of the NOP organic standards except for completion of 3-year transition. See the [CCOF Certification Services Program Manual](https://www.ccof.org/documents/ccof-certification-services-program-manual) for additional information.

1. **Livestock Use** Not Used for Organic Livestock

Please complete this section if you plan to use this parcel for organic livestock production, pasture etc. Note that products from organic animals grazed prior to inspection and certification may not be sold or represented as organic.

1. Planned livestock grazing/outdoor access use Poultry Ruminants: Meat Ruminants: Dairy Non-ruminants

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. When do you plan to utilize this parcel for livestock grazing/access? | M: |  | D: |  | Y: |  |
| 1. When do you plan to remove animals from this parcel? | M: |  | D: |  | Y: |  |

## Additional information about your plans:

|  |
| --- |
|  |

## Boundaries and Buffers

*Boundaries and buffer zones must be sufficient to prevent contamination of organic land or crops by prohibited substances (prohibited materials), including contact with products produced by genetic engineering (GMO). Producers must* ***immediately*** *notify CCOF of any known application or drift of a prohibited material to a field or product. Fields or farms where organic products are produced must have distinct, defined boundaries and buffer zones to prevent contact with prohibited materials applied to adjacent nonorganic land.*

* If prohibited materials (including GMO seeds) are used on land adjacent your organic parcel, you may be required to keep a buffer zone, or implement other preventative measures to prevent contamination of organic crop.

1. Describe **all** areas bordering this parcel. Attach another sheet if needed.

| Border | Adjacent Land Use | | Buffer Type  (farm road, grass strip, canal, etc.) | Buffer Width  (ft) | Is Crop Grown in Buffer Area?  (Y/N) |
| --- | --- | --- | --- | --- | --- |
| Crop(s) | Organic (Y/N) |
| **N** |  |  |  |  |  |
| **S** |  |  |  |  |  |
| **E** |  |  |  |  |  |
| **W** |  |  |  |  |  |

1. **Maps**

* Attach an 81/2” x 11” (standard page size) map of the parcel listed above. The map may be an Assessor’s Parcel Map, an aerial photo, or other map that **clearly shows the boundaries of the parcel.** Include the following information on your map:

Nearest public roads and a directional arrow pointing north.

Neighboring land uses (such as nonorganic crop land, pasture, diversion ditch, etc.).

Buffers and buffer zones, as applicable.

Landmarks such as railroad tracks, windrows or hedges, riparian areas, permanent beneficial habitats, buildings, etc.

Existing installations of treated lumber (Lumber treated with arsenate or other prohibited materials may not be used for new installations or replacement purposes where it contacts soil or crops).

If your irrigation source is used for the application of prohibited materials to nonorganic land, show a piping diagram of valves and/ or backflow prevention devices that prevent contact with prohibited materials, or attach a separate map.

Block or lot numbers, if any.

1. **Land History & Activities**

*To sell or represent crops as ‘organic,’ there must not have been any prohibited materials applied to the land or crop 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)*

1. Is this parcel currently certified organic?

Yes. Skip to section G. No. Complete this section.

1. Is all production at this parcel in containers and on permanent, solid, impermeable flooring (e.g. concrete)?

Yes. Skip to section G.No, all production is in-ground. Complete this section.

No, container production is in containers on land or on a permeable surface. Complete this section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. 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.)*

|  |  |
| --- | --- |
| 1. Material(s) applied on the DLPM: |  |

1. 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)** |
| --- | --- | --- | --- |
| owner  manager |  |  |  |
| owner  manager |  |  |  |
| owner  manager |  |  |  |

1. What crop production or other activities have occurred on this parcel during the past three years (or since the DLPM if < 3years)?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  |

1. Additional information regarding the activities listed above:

|  |
| --- |
|  |

1. 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 G Yes. Complete this section.

1. Describe below, including names of materials used and application dates, and attach a map clearly showing locations of use.

Map attached

|  |
| --- |
|  |

1. **Verification of Land History & Activities**

*Your land cannot be certified organic until all land parcel 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 an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code. (NOP §205.100(c)(2)).***

* Provide one of the following to verify land history.
* If the field is **currently certified organic**, provide **both** of the following:

A copy of a current organic certificate listing that field/parcel

Verification there has been no lapse in organic 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**, 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 crops **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, sold, 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 crops **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 organic production.

**Affidavit of Land History**

* This page is your attestation of materials applied to the land during your management control and is necessary to determine the parcel’s eligibility for organic 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 Affidavit.
* To establish land history CCOF may require additional verification from government agencies, such as Pesticide Use Reporting, or other sources, such as contract materials applicators. **Making a false statement to an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code. (NOP §205.100(c)(2)).**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parcel name: | |  | | | | | | | | | | |
| Block/lot numbers, if applicable: | | | |  | | | | | | Acreage of parcel: | |  |
| Parcel address: | | |  | | | | | | | | | |
| City: |  | | | | County: |  | State: |  | | | Country: |  |
| Geographical coordinates, geo code, 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 material applications which have taken place at the parcel named above during the time period:** *(select one)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | through |  | **OR** |  |  | through the present. |
|  | *MM/DD/YY* |  | *MM/DD/YY* |  |  | *MM/DD/YY* |  |

1. **I have this knowledge because:** *(select one)*

I owned the parcel and controlled activities taking place there during the time period above.

I managed the parcel and controlled activities taking place there during the time period above.

|  |  |
| --- | --- |
| Other (describe): |  |

1. **The following is a complete list of ALL materials applied to the parcel during the time period indicated above (or for the past three years, whichever is most recent), including the current crop cycle.**

*Provide full product and manufacturer names as they appear on the product label, and application dates.*

No materials (including fertilizers, pest control products, treated seed, adjuvants, or any other materials) were applied to the parcel during the time period indicated above.

No materials (including fertilizers, pest control products, treated seed, adjuvants, or any other materials) were applied to the parcel since the DLPM provided in Section F.

|  |  |  |
| --- | --- | --- |
| I have attached |  | (#) additional pages which list all materials applied during the time period indicated above. |

All materials applied during the time period indicated above are listed in the table below:

*Include all fertilizers, pest control products, and other products (treated seeds, adjuvants, etc.). Mark the type for each item.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Product Name** | **Full Manufacturer Name** | **Application Date(s)** | **Type** |
|  |  |  |  |
|  |  |  |  |
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1. **I attest that the above is complete and correct to the best of my knowledge.**

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