**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 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 of Land History](https://www.ccof.org/resource/sample-land-use-affidavit)**.**
* 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 an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code. (NOP §205.100(c)(2)).**

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 USDA National Organic Program (NOP) standards require that land used for organic production complete a three-year transition free of applications of prohibited materials.*
* *Complete this section to attest to* ***all materials used*** *during 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), 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 an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code, per NOP §205.100(c)(2).**

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

1. **Table of Materials Used**

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), 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** |
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