

**New Hampshire Dept. of Agriculture, Markets & Food**  
**Application for Organic Certified Field/Crop Production**

- Complete this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary
- Sign the last page of questionnaire
- Submit farm and crop maps, along with Tables A-F
- Attach all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in Section 8 of this questionnaire.

**SECTION 1: GENERAL INFORMATION:**

Name***		Farm Name
Address		City
State	Zip code	Phone
NHDAMF Cert #	Fax #	E-mail
<p><b>Legal Status:</b>    <input type="checkbox"/> Sole Proprietorship    <input type="checkbox"/> Trust or non-profit    <input type="checkbox"/> Corporation    <input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Legal Partnership (federal form 1065)    <input type="checkbox"/> Other-specify</p> <p>***Is this person AUTHORIZED to act on behalf of the company? Yes___ No___</p> <p>If NO, list name, address &amp; telephone of person who is:</p>		
<p><b>Fees Submitted:</b> (Certification &amp; Inspection Fees-REFER TO TABLE 911-1 INSPECTION FEES, page VII, Agr 911 Rules.)</p> <p>CERTIFICATION FEE.....<b>\$100.00</b></p> <p><b>INSPECTION FEES:</b></p> <p>Horticultural crop acres: _____ Fee: _____ (vegs, flwrss, herbs, fruits, etc)</p> <p>Agronomic crop acres: _____ Fee: _____ (hay, pasture, forages, etc)</p> <p>Greenhouse(s): Types &amp; sizes: _____</p> <p>Total square footage: _____ Fees: _____</p> <p>TOTAL FEES Cert. Fee &amp; Inspection Fee:        \$_____        <b>Make checks payable to: TREASURER, STATE OF NH</b></p>		
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies
<p>List all crops BY TYPE requested for certification. Include seedlings, field crops and pasture if applicable.        <input type="checkbox"/> seedlings</p>		
<p>Have you ever been denied certification?  <input type="checkbox"/>yes    <input type="checkbox"/> no</p>		<p>If yes, describe the circumstances:</p>
<p>Do you understand the USDA /NOP Rules?  <input type="checkbox"/>yes    <input type="checkbox"/> no</p>		<p>Do you have a copy of current USDA National Organic Program rules and NHDAMF Administrative Rules?    <input type="checkbox"/>yes    <input type="checkbox"/> no</p>
<p>Do you intend to certify any livestock (slaughter stock, dairy, or poultry) this year? <input type="checkbox"/>yes    <input type="checkbox"/> no  If yes, <b>you must have an Organic Livestock Plan Questionnaire on file to certify any livestock.</b></p>		
<p>Give directions to your farm and each production site which you are requesting certification:</p>		

**1A. NON-COMPLIANCES**

**NOP Rule Section 205.406(a)(3)**

Did you receive a **Notice of Non-compliance** from NHDAMF or another certifier for last year's certification? \_\_\_Yes \_\_\_No

If yes, please complete the following:

Detail non-compliance(s) cited	Certifying Agent	How was non-compliance corrected	Date of resolution

**SECTION 2: FARM PLAN INFORMATION**

**NOP Rule Sections 205.201(a); 205.202(a)&(b)**

Complete **TABLE A-FIELD INFORMATION** and **TABLE B-CROPPING HISTORY**. These tables should reflect the crop rotation plan(s) currently in place.

- Have you owned all fields for 3 or more years? Yes No
- If **NO**, you must submit a signed **Landowner Statement** indicating the application of all inputs applied for the previous three years on all rented or purchased fields
- A **Landowner Statement** must be submitted for each separate landowner
- ANY non-organic crop production **MUST** be documented here
- Location of any non-organic production must be shown on a map

**Complete the below table for the MAIN FARM ADDRESS and EACH PARCEL that is in a separate location from the main farm address.** Use additional sheets if necessary.

FIELD NOS.	PARCEL ADDRESS/ LEGAL DESCRIPTION	TOTAL # ACRES			RENTED (R)/ OWNED (O)
		ORG	TRANS	CONV	

**3A. Complete TABLE E-SEEDS & SEED TREATMENTS-see attached**

**3B. SOURCE OF SEEDLINGS:** NOP Rule requires certified organic annual seedlings. If non-organic seedlings are used that crop cannot be labeled as "organic."

1. Do you purchase organic seedlings: \_\_\_ Yes \_\_\_ No

➤ Name the supplier(s): \_\_\_\_\_

➤ Provide Certifying Agency: \_\_\_\_\_

**(A copy of organic certificate to verify status must be provided.)**

2. Did you purchase non-organic seedlings: \_\_\_ Yes \_\_\_ No If yes, give justification for purchase and describe attempts to

source organic seedlings: \_\_\_\_\_

3. If organic seedlings are grown on-farm provide the following information:

➤ List type and size of production greenhouse: \_\_\_\_\_

➤ Does greenhouse have any treated wood in structure? \_\_\_ Yes \_\_\_ No

Where: \_\_\_\_\_

➤ Will potted plants be raised in greenhouse? \_\_\_ Yes \_\_\_ No

➤ Will crops be grown directly in greenhouse ground? \_\_\_ Yes \_\_\_ No

➤ With treated wood in structure, how will crop contamination be prevented: \_\_\_\_\_

4. If organic seedlings are grown off-farm provide owner's name & address, and location of facility:

**NOTE: This off-farm facility MUST be inspected prior to the planting or selling of seedlings.**

**Please contact NHDAMF to schedule an early season inspection.**

**3C. List all soil mixes, fertilizers, foliar sprays, pest and disease inputs to be used in the organic greenhouse operation.**

**\*\*Product labels will be reviewed during inspection.**

Product Brand Name**	Source	NOP Status: Allowed (A); Restricted(R); Prohibited (P)	If Restricted, cite compliance with NOP Rule Annotation A review of the National List is recommended.

Describe watering system in greenhouse operation: \_\_\_\_\_

Describe seedling/plant diseases and/or insect problems: \_\_\_\_\_

**3D. ORGANIC AND NON-ORGANIC GREENHOUSE PLANT PRODUCTION:** \_\_\_\_\_ **Not applicable**

➤ List organic & non-organic crops grown: \_\_\_\_\_

➤ How is commingling prevented between organic & non-organic crops? \_\_\_\_\_

➤ How are organic & non-organic crops identified? \_\_\_\_\_

➤ List all inputs used for NON-ORGANIC production: \_\_\_\_\_

➤ Describe storage for all non-organic used inputs? \_\_\_\_\_

➤ Describe practices in place to prevent drift of prohibited materials through ventilation and watering systems: \_\_\_\_\_

➤ Describe cleaning procedures for seedling containers and equipment: \_\_\_\_\_

**3E. PLANTING STOCK:** *(Includes onion sets, garlic bulbs, potatoes, sweet potatoes, bare-root vegetative plants, etc.)* \_\_\_\_\_ **Not applicable**

*NOTE: When purchasing organic planting stock, verification of organic certification is required. Use additional sheets if necessary.*

Type/variety of planting stock	Source	Organic	Non-Organic	Planting date of non-organic stock	Expected harvest date of non-organic crop	Justification for planting non-organic planting stock must be described. What attempts were made to source organic?

**SECTION 4: SOIL AND CROP FERTILITY MANAGEMENT**

**NOP Rule Sections 205.203 & 205.205**

- *NOP Rule requires active management to build soil fertility, manage plant nutrients, protect natural resources, and prevent soil erosion*
- *A diversified crop rotation is required. All fertility inputs must be approved*
- *A "restricted" input refers to an approved material on the National List which has a specific annotation for its use (see NOP Rule 205.601(j)(1-8), (k) and 205.602(g) and (h))*
- *If you use a "restricted" material, you must provide evidence of how you address the material's annotation*
- *Attach copies of any test results*

**4A.** Describe any soil nutrient deficiencies you've observed: \_\_\_\_\_  
\_\_\_\_\_

**4B.** How is the effectiveness of your fertility management program monitored?

- soil testing     microbiological testing     tissue testing     observation of soil
- observation of crop health     comparison of crop yields     crop quality testing     other (specify) \_\_\_\_\_

**4C.** What are the major components of the soil and crop fertility plan?

- crop rotation     green manure plow down/cover crops     interplanting     incorporation of crop residues     subsoiling
- summer fallow     on-farm compost     off-farm compost     on-farm manure     off-farm manure     soil amendments
- side dressing     foliar fertilizers     biodynamic preparations     soil inoculants-specify \_\_\_\_\_
- other (specify) \_\_\_\_\_

**4D.** Fertility History-**TABLE C-FERTILITY HISTORY-see attached-Complete TABLE C with the following:**

- All fertility inputs applied during the past three (3) years
- List those materials intended for use in the current season on proposed organic and transitional fields

**4E.** Do you burn crop residues? (**NOP Section 205.203(e) Prohibited plant practices**)    yes     no

If yes, give description of material burned, and justification for practice: \_\_\_\_\_  
\_\_\_\_\_

**4F.** Has sewage sludge ever been applied on any land requesting certification?    Yes     No

If yes, list location of these sites by field # or name; list quantities applied; and dates of application: \_\_\_\_\_  
\_\_\_\_\_

**4G. COMPOST USE: NOP Section Rule 205.203(c)(2) requires that:**

- *The composting process must include a C:N ratio of between 25:1 and 40:1;*
- *The maintenance of temperatures between 131° F and 170° F for a specific number of days, depending on the method of composting (see Rule annotation); and*
- *The maintenance of compost records which identify the windrow or pile of compost and a list of daily temperature recordings for the required specific number of days per NOP Rule*

List all compost ingredients/additives: \_\_\_\_\_  
\_\_\_\_\_

What composting method do you use?  in-vessel  static aerated pile  windrows  other (specify) \_\_\_\_\_

What is your C:N ratio? \_\_\_\_\_

Do you monitor temperature?  Yes  No If yes, what temperature is maintained? \_\_\_\_\_

How long is this temperature maintained? \_\_\_\_\_

If compost is windrowed, how many times are materials turned? \_\_\_\_\_

**4H. MANURE USE: NOP Rule Section 205.203(c)(1) requires that:**

- Raw manure must be fully composted unless applied to fields with crops not for human consumption, or
- Be incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil, or
- Be incorporated into the soil 90 days prior to harvest for all other crops for human consumption

What forms of livestock manure do you use?  None  liquid  semi-solid  piled  fully composted  pelleted

List manure source (give name & address): \_\_\_\_\_

If you grow crops for human consumption, and use **raw manure** YOU MUST complete the following table:

CROPS	FIELD NAMES	MANURE APPLICATION DATE(S)	EXPECTED DATE OF HARVEST

**4I. NATURAL RESOURCES: NOP Rule Sections 205.200 & 205.203(a) require that production practices:**

- Maintain or improve the natural resources of the operation, including soil and water quality;
- Must minimize erosion; and
- Irrigation water must not contaminate organic crops with prohibited materials

What conservation practices are used?

- terraces  contour farming  strip cropping  under sowing/interplanting
- winter cover crops  conservation tillage  permanent waterways  windbreaks  firebreaks  tree lines
- retention ponds  riparian management  maintain wildlife habitat  other (specify): \_\_\_\_\_

Describe your efforts to minimize soil erosion problems: \_\_\_\_\_

**4J. WATER USE:**  none  irrigation  livestock  foliar sprays  washing crops  greenhouse  other (specify) \_\_\_\_\_

Source of water:  on-site well(s)  river/stream/pond  spring  municipal/county other (specify) \_\_\_\_\_

Name of water supplier: \_\_\_\_\_

➤ **ATTACH ANY CURRENT WATER TESTS FOR COLIFORM BACTERIA AND NITRATES.**

Type of irrigation system:  none  drip  flood  center pivot  other (specify) \_\_\_\_\_

What input products are applied through the irrigation system?  none \_\_\_\_\_

What products do you use to clean irrigation lines/nozzles?  none \_\_\_\_\_

Is the system flushed between conventional and organic use?  Yes  No If yes, you must provide documentation of practice.

**SECTION 5: CROP MANAGEMENT: NOP Rules Sections 205.205 & 205.206 requires a crop rotation plan that:**

- Maximizes soil organic matter content,
- Prevents weed, pest, and disease problems, and
- Manages deficient or excess plant nutrients
- Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests.
- Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health
- All inputs used or intended for use during the current year and used in the previous three years must be listed on **TABLE D- PEST CONTROL. INPUTS INCLUDE PESTICIDES, FUNGICIDES, HERBICIDES, AND RODENTICIDES.**

**5A. CROP ROTATION:** Explain your crop rotation plan: \_\_\_\_\_

**\*\*NOTE: YEARLY CROP MAPS AND PLANTING UPDATES MUST BE SUBMITTED ANNUALLY TO NHDAMF.**

**5B. WEED MANAGEMENT PLAN:**  No weed problems

What are your problem weeds? \_\_\_\_\_

What weed control methods do you use?

- crop rotation  field preparation  prevention of weed seed set  delayed seeding  monitoring soil temps  soil sterilization  
 use of fast emerging varieties  mechanical cultivation  use of hand tools  hand weeding  mowing  flame weeding  
 steam weeding  smother crops  non-synthetic mulch  synthetic mulch  corn gluten  soap-based herbicides  
 Other (specify): \_\_\_\_\_

Do you keep a record of how often you utilize these weed control methods, i.e., dates and fields when you cultivate or flame weed a specific field? \_\_\_Yes \_\_\_No

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season? \_\_\_Yes \_\_\_No

➤ If no, why not? \_\_\_\_\_

If you use corn gluten, is the corn genetically modified? \_\_\_Yes \_\_\_No

If no, what verification do you have? \_\_\_\_\_

If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks? \_\_\_Yes \_\_\_No

How effective is your weed management program; explain: \_\_\_\_\_

What changes do you anticipate to implement: \_\_\_\_\_

**5C. PEST MANAGEMENT PLAN:**

No pest problems

What are your problem pests?

insects (list): \_\_\_\_\_

Animals: \_\_\_\_\_

What strategies do you use to control pest damage to crops?

None

- crop rotation     timing of planting     companion planting     frog ponds     bat houses
- bird houses     hand picking     monitoring     trap crops     traps
- physical barriers     physical removal     lures     IPM     insect repellents
- animal repellents     release of predators/parasites of pest species     use of approved products
- use of restricted products     limited use of prohibited products     other (specify) \_\_\_\_\_

How effective is your pest management program; explain: \_\_\_\_\_

What changes do you anticipate to implement: \_\_\_\_\_

**5D. DISEASE MANAGEMENT PLAN:**

No disease problems

What are your problem crop diseases? \_\_\_\_\_

What disease prevention strategies do you use?

None

- crop rotation     field sanitation     selection of plant species/varieties     timing of planting/cultivating
- plant spacing     vector management     soil balancing     solarization     companion planting     compost tea use
- use of approved materials     use of restricted materials     limited use of prohibited materials
- other (specify) \_\_\_\_\_

How effective is your disease management program; explain: \_\_\_\_\_

What changes do you anticipate to implement: \_\_\_\_\_

**SECTION 6: MAINTENANCE OF ORGANIC INTEGRITY**

**NOP Rule Sections 205.201(a)(5) & 205.202(c)**

**6A. ADJOINING LANDS USE:**

- *Distinct boundaries and buffer zones must be established between land under organic management and adjoining non-organic managed land to prevent the unintended contamination of a prohibited substance onto the organic land*
- *Adjoining land includes cropland, pastures, residential property, fallow land, etc.*
- *The certifying agent shall decide the minimum buffer size*
- *Crops within the required buffer must be left unharvested, or harvested, stored, sold and disposed of as a non-certified crop*

**6B. BUFFER ZONES:**

Not applicable

- *Indicate buffer zones and their distances to all adjoining land uses on your field maps*
- *Indicate adjoining land uses on these maps as well*

What safeguards are implemented to prevent accidental contamination?

Written notification to:     highway departments     electric companies     aerial spray companies/airports

adjoining landowner's     drainage commissions     farm service office     other (specify): \_\_\_\_\_

Have you posted signs along roadsides that adjoin organic fields?     Yes     No

Do any fields or portions of fields flood (more than once every three years)?

Yes  No

If yes, list field numbers: \_\_\_\_\_

How do you monitor for crop contamination?

visual observation  residue analysis  GMO testing  photographs  wind direction/speed data

other (specify): \_\_\_\_\_

How often do you conduct crop contamination monitoring?  weekly  monthly  annually  as needed

other (specify) \_\_\_\_\_

**6C. CONVENTIONAL OR TRANSITIONAL CROPS:** Complete if applicable.

**Not applicable**

**NOTE: Crops grown with treated seed or treated planting stock are considered CONVENTIONAL.**

Specify crops & varieties	Field ID	Transitional (t) Or conventional(c)	Organic Crop variety	Check (✓) if GMO	Total acreage	Planned use of crops (sale, seed, non-organic, livestock feed, etc.)

❖ **Prohibited soil amendments used on conventional crops:**

Product name/brand	Who applies? Self(S) Custom(C)	Field ID & crop where applied	Where is product stored? (Off-farm; On-farm-where?)

❖ **Prohibited herbicides/pesticides used on conventional crops:**

Product name/brand	Who applies-Self (S) Custom (C)	Field name where applied	Where stored? (Off-farm; On-farm-where?)

**6D. EQUIPMENT:**

- *To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crop residues and prohibited materials*
- *Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops*
- *Records of equipment cleaning for organic and non-organic crop use MUST be documented*

**Complete the information for all equipment that is used on production sites:**

Equipment type	Owned (O), Rented (R), Custom (C)	Check if used on:			How is equipment cleaned prior to use on organic fields?
		Organic	Conv	Both	

**6E. HARVEST: NOP Rules Section 205.272(b)(1) and (2) requires that:**

- *Containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants*
- *All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use*

How are your organic crops harvested?     by hand     mechanical, list type: \_\_\_\_\_

Are organic crops custom harvested?     Yes     No

If yes, Custom harvester's name & address: \_\_\_\_\_

Describe steps taken to protect organic crops from commingling and contamination during harvest: \_\_\_\_\_

What containers are used for harvesting?     gravity wagons/boxes     truck boxes     cardboard/waxed boxes  
 wooden totes     plastic containers     other \_\_\_\_\_

Are containers new     List supplier: \_\_\_\_\_

Are containers used     List source and product type use: \_\_\_\_\_

**6F. POST-HARVEST HANDLING:** NOP Rule Section 205.201(a)(5) requires that:

- *Post-harvest handling procedures must not contaminate organic products with non-organic crops or prohibited materials*

Describe your post-harvest handling procedures and equipment: \_\_\_\_\_

Is the processing area and equipment used for both organic and non-organic products?  Yes  No

If yes, describe steps taken to prevent commingling and contamination: \_\_\_\_\_

Check types of packaging material used:  bulk  paper  cardboard  wood  glass  metal  foil  
 plastic  waxed paper  aseptic  natural fiber  synthetic fiber  other (specify): \_\_\_\_\_

Check how finished product is shipped?  **Not applicable**

dry bulk  tote bags  tote boxes  paper bags  foil bags  metal drums  mesh bags  cardboard drums  
 cardboard cases  plastic crates  other (specify) \_\_\_\_\_

**6G. CROP STORAGE/POST-HARVEST TREATMENTS:**

- *Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination*
- *Storage records must be maintained*

No organic crop storage  No post-harvest treatments

Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops?  Yes  No

If yes, how do you segregate organic crops from non-organic crops? \_\_\_\_\_

How do you clean storage units prior to storage of organic crops? \_\_\_\_\_

How do you prevent/control insect pests in crop storage areas?  **No pest problems**

synthetic fumigants  rodenticides  sprouting inhibitors  ripeners  growth regulators  preservatives  oils  
 coloring agents  waxes  disinfectants/sanitizers List brand & product use: \_\_\_\_\_

**Describe product storage locations:**

Storage ID#	Type of crops stored	Storage type	Capacity	Check status of crop:			
				Org (O)	Buffer (B)	Transitional(T)	Conventional (C)

**6I. MARKETING INFORMATION:** Provide name & locale for all sales outlets of your organic product.

- \_\_\_ Farmers Markets: \_\_\_\_\_
- \_\_\_ Direct to retail: \_\_\_\_\_
- \_\_\_ CSA/subscription service(#members/shares): \_\_\_\_\_
- \_\_\_ Wholesale: \_\_\_\_\_
- \_\_\_ Bulk commodities to processor: \_\_\_\_\_
- \_\_\_ Contract to buyer: \_\_\_\_\_
- \_\_\_ Food Service Establishment: \_\_\_\_\_
- \_\_\_ Farm retail/farmstand

Do you buy in any organic product? \_\_\_Yes \_\_\_No                      Is it certified organic? \_\_\_Yes \_\_\_No

If yes, provide product type and source: \_\_\_\_\_  
\_\_\_\_\_

Do you buy in non-organic product? \_\_\_Yes \_\_\_No

If yes, provide product type and source: \_\_\_\_\_  
\_\_\_\_\_

Explain how organic & non-organic products are segregated and labeled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use or plan to use the USDA organic seal on product labels or market information?                       Yes  No

Do you use or plan to use the NHDAMF Certified Organic seal on product labels or market information?  Yes  No

**\*\*NOTE: Attach copies of all organic product labels.**

**6J. TRANSPORTATION:**

Not applicable

Who is responsible for arranging transportation of organic products?

- self     buyer     other \_\_\_\_\_

Describe how organic products are transported:

\_\_\_\_\_

What potential contamination or commingling problems do you have with the transport of organic crops?  None

\_\_\_\_\_

What steps are taken to protect the integrity of organic products during transport?

- dedicated organic only     inspecting transport units prior to loading     cleaning transport units prior to loading
- use of Clean Truck Affidavits     letter/contract with transport company stating organic requirements
- other (specify) \_\_\_\_\_

**SECTION 7: RECORDKEEPING SYSTEM**

**NOP Rule Section 205.103**

- *NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule*
- *Organic products must be able to be traced back to the field/location where they were produced and harvested*
- *All records must be accessible to the inspector*
- *Separate records must be maintained for split (conventional/transitional) production*

**7A. Records must be made available for the inspector. Please check those appropriate for your production:**

- TABLE A- FIELD INFORMATION SHEET;
- TABLE B- CROPPING HISTORY SHEET, TABLE C-FERTILIZATION HISTORY, TABLE D-PEST CONTROL, TABLE E-SEED TABLE;
- TABLE F-ANNUAL SUMMARY OF CROP YIELDS & SALES
- NHDAMF Landowner Statement Form-**must** be completed when certified land is leased, rented, or otherwise not owned by applicant;
- Documentation of organic seedling purchase;
- Documentation of attempts to source organic seeds and/or planting stock;
- Compost production records;
- Equipment cleaning records;
- Harvest records;
- Storage records;
- Sales records (includes purchase order, contracts, invoice, cash receipts, cash receipt journal, sales journal, etc.);
- Shipping records (scale ticket, bill of lading);
- Transaction Certificates; and/or
- Other (please specify): \_\_\_\_\_

**7B. Do you have the following records for conventional production? Check if appropriate.  Not applicable**

- |  |   |
|--|---|
| <input type="checkbox"/> Field maps            | <input type="checkbox"/> Seed records     |
| <input type="checkbox"/> Field history sheets  | <input type="checkbox"/> Storage records  |
| <input type="checkbox"/> Input records         | <input type="checkbox"/> Sales records    |
| <input type="checkbox"/> Harvest records       | <input type="checkbox"/> Shipping records |
| <input type="checkbox"/> Other (specify _____) |   |

**7C. ANNUAL ORGANIC CROP YIELD AND SALES SUMMARY:**

**NOP Rule Section 205.103**

❖ **RENEWAL APPLICANTS** must complete the attached **TABLE F-ANNUAL SUMMARY OF CROP YIELDS & SALES**

**SECTION 8: AFFIRMATION:**

**Please read the following and sign below.**

- ❖ *I affirm that all statements made in this application are true and correct*
- ❖ *I affirm that no prohibited products have been applied to any of the organically managed fields during the three-year period prior to projected harvest*
- ❖ *I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule*
- ❖ *I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent*
- ❖ *I agree to follow the NHDAMF and NOP Rules for certified organic production*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have attached the following documents:

- Maps of all parcels/fields (showing adjoining land use and field identification).
  - \*\*TABLE A-FIELD INFORMATION SHEET; TABLE B-CROPPING HISTORY SHEET; TABLE C-FERTILIZATION HISTORY; TABLE D-PEST CONTROL SHEET; TABLE E-SEED TABLE; and TABLE F-ANNUAL SUMMARY OF CROP YIELDS & SALES.**
  - NHDAMF LANDOWNER STATEMENT FORMS.
  - Water test, if applicable.
  - Soil and/or plant tissue tests, if applicable.
  - Residue analyses, if applicable.
  - Organic product labels, if applicable.
- I have made copies of this questionnaire and other supporting documents for my own records.**

*\*\*APPLICATIONS THAT ARE NOT COMPLETELY FULLED OUT WILL BE RETURNED TO APPLICANT.*

**Make check payable to: Treasurer, State of NH.**

**Submit completed form, fees and supporting documents to:**

**DIVISION OF REGULATORY SERVICES**

**PO BOX 2042**

**CONCORD NH 03302-2042**

**Telephone; (603) 271-3685**

**Fax: (603) 271-1109**

**E-mail: vsmith@agr.state.nh.us**