

New Hampshire Dept. of Agriculture, Markets & Food Certified Organic Livestock Application

- ❖ Complete this application if you are requesting organic livestock certification for any livestock products.
- ❖ Sign the last page of the form
- ❖ Use additional sheets if necessary

Name**	Farm Name	NHDAMF Cert. #
Address	City	State/Zip code
Phone	Fax	E-mail
FEES SUBMITTED: Certification Fee= \$100 Inspection Fee= _____ TOTAL FEES SUBMITTED: _____		Inspection Fee- (Refer to Table 911.2) ***Total # Animal Units: _____ Total number of animals:

****Is this person AUTHORIZED to act on behalf of the company/corporation? ___ Yes ___ No**

If NO, please list name, address & telephone number of person who is authorized: _____

*****Animal Units for dairy livestock shall be determined by using the 1.4 factor per head regardless of age or size of animal.**

Directions to farm: _____

- ❖ Provide the following information for the types of animals being raised for organic meat or dairy production for this year
- ❖ Quantity refers to the number of animals currently raised
- ❖ Use additional sheets if necessary

1A. MEAT PRODUCTION (Beef, Pork, Lamb, Goat, Rabbit)

Meat Production Species	Breed	Quantity	Org (O) or Non-org (Non)	Source of Stock	Slaughter facility (name and location)

B. DAIRY PRODUCTION Note: A **Cattle History Sheet** must be completed and attached to this application.

Dairy Production Species	Breed	Quantity	Org (O) or Non-org (Non)	Source of Stock	Specify type of organic product that will be produced

1C. OTHER LIVESTOCK TYPES AND PRODUCTS (Wool, Mohair, other products)

Livestock type	Breed	Quantity	Org (O) or Non-org (Non)	Source of Stock	Specify type of organic product that will be produced

1D. VACCINATION RECORDS Additional sheets may be attached to application

Livestock type	Age of livestock when administered	Vaccination Type	Date administered	Source of Vaccine

Livestock type	House ID/Name	Housing type with dimensions	# Animals per housing unit	Type of Bedding	How & when is house cleaned out?

2A. Housing Fly & Rodent control:

- ❖ Brand name & product type: _____
- ❖ List location(s) in housing: _____

2B. Housing sanitation and cleaning process:

- ❖ Brand name & product type: _____
- ❖ Schedule of use; how often & when: _____

- ❖ All pastures that organic livestock graze **MUST** be certified organic
- ❖ The pasture ID & location must correlate to those listed on **TABLE A-FIELD INFORMATION SHEET** in the application for Certified Organic Field/Crop Production

Livestock type	Is access to outdoors allowed: Yes /No	Pasture ID/Location	Certifying Agency, if other than NHDAMF	Other Certifier's ID/Location	Frequency of pasture access

- ❖ Give justification why livestock does not have access to the outdoors:

- ❖ Check the diseases and/or pests that have afflicted your animals
- ❖ List the specific ailments, and describe methods used to treat the conditions
- ❖ List the planned treatment strategy while in the organic program. This should include all internally administered and externally applied substances

Cattle(C), Swine (S), Sheep (SH), Goat(G) and Rabbit (R): Specify animal species with appropriate letter.

Disease/Pest	X	Animal species	Specific Ailment	Past/Present Treatment Method Date(s) and # of treatments	Planned Treatment Strategy for Organic Production
Diarrhea					
External Parasites					
Eye problems					
Foot or hoof problems					
Internal parasites					
Mastitis					
Poisoning or toxins					
Reproductive					
Respiratory diseases					
Skin problems					
Trauma					
OTHER- (Specify species if different than above)					

- ❖ List the quantity of each feed type (concentrates, forage, silage, pasture, hay and/or green chop) used during the past 12-month period
- ❖ Indicate whether feed was homegrown or purchased (Use additional sheets if necessary)
- ❖ Note: Purchased feed requires a copy of the ORGANIC CERTIFICATE be submitted with application

Feed Type	Organic (X)	Certifying Agency	Non-Organic (X)	Annual Quantity (lbs/tons)	Source Purchased From	Home Grown (Must be certified organic)

5A. Vitamin supplements: Complete table if applicable.

Brand name	Source	Dosage	How administered	Reason	Duration of treatment

5B. Mineral Supplements: Complete table if applicable.

Brand name	Source	Dosage	How administered	Reason	Duration of treatment

5C. Other Feed Additives: Complete table if applicable.

Brand name	Source	Dosage	How administered	Reason	Duration of treatment

- ❖ Describe your processing and packing procedure.
- ❖ Specify sanitation practices, brand(s) of cleansers, type of packaging

6B. Organic Meat:

- ❖ Organic slaughter stock that is processed at a USDA inspected slaughtering facility can be labeled as “organic” **ONLY IF** the facility has been certified as an “organic processor/handler,” by an accredited USDA Certifying Agent, otherwise the meat product cannot be sold as “organic”
- ❖ Certified organic livestock can be sold “live-weight” as “organic” prior to shipment to a slaughtering facility
- ❖ **Prior to shipping for slaughter, all organic livestock type, ID # or name, and live weight shall be recorded and maintained along with the Cattle History Forms**

Meat Processing: Is processing done on-farm? ___ Yes ___ No If yes, complete the following questions:

Sanitation practices: List brand(s) of cleansers, and cleaning procedures: _____

Packaging type: _____

Do you process both organic and non-organic livestock on-farm? ___ Yes ___ No If yes, indicate how contamination between organic and non-organic products is prevented: _____

6C. Organic Dairy Products: (Milk, cheese products, and butter. Additional ingredients added to dairy products requires applicant to apply for “Processor” certification.)

Sanitation practices: List procedures, brands of cleansers & sanitizers, teat dips, wipes, etc:

- ❖ Milk Room: _____
- ❖ Pre- & Post-milking treatments: _____

Milk Storage: _____

Packaging: _____

Milk pick-up, how often, and by what company: _____

6D. Processing of other Organic Livestock Products:

- ❖ Specify processing, packaging and sanitation practices;
 - ❖ List brand names of cleansers, sanitizers, wipes, etc.
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6E. If non-organic products are produced, purchased and/or packaged- describe procedures to prevent commingling between organic and non-organic products:

6F. In storage, how are organic and non-organic products labeled: _____

6G. Will the USDA Organic Logo be used on packaging? Yes ____ No ____

6H. Will the NHDAMF Organic Logo be used on packaging? Yes ____ No ____

6I. Do you display a metal NHDAMF Organic Sign? Yes ____ No ____

****ATTACH COPIES OF ALL LABELS WITH APPLICATION**

7A. How is organic livestock identified?

- ❖ Ear tag ____ Describe: _____
- ❖ Branded ____ Type of brand: _____
- ❖ Other, describe _____

7B. Non-Organic Livestock:

____ **Not Applicable**

- ❖ Do you keep non-organic production records? Yes No
- ❖ How are non-organic livestock identified? _____
- ❖ Where are non-organic livestock housed? _____

7C. The following records are required to be maintained and available for inspection review:

- ❖ Purchase receipts for all livestock
- ❖ Sales records for all livestock products sold
- ❖ Live weight records of meat animals prior to slaughter
- ❖ Medications administered-date, dosage, source
- ❖ Feed products and supplements
- ❖ Disposition of animals (culled, slaughter, death, sold, etc.)
- ❖ Sale invoices, product labels, packaging samples

- ❖ *I affirm that all statements made in this application are true and correct*
- ❖ *No prohibited products have been applied or administered to any of my organically managed livestock herds, or other similar livestock groupings, unless as stated in NOP Rule 205.238 and 205.603*
- ❖ *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 application in no way implies granting of certification by the NHDAMF*
- ❖ *I agree to follow the NHDAMF and NOP Rules*

Applicant's signature: _____ Date: _____

Submit completed form, supporting documents and fees to:

**DIVISION OF REGULATORY SERVICES
PO BOX 2042
CONCORD, NH. 03302-2042**

Please make checks out to: **TREASURER, STATE OF NH**

**Any questions please contact-
Phone: (603) 271-3685
Fax: (603) 271-1109
Email- vsmith@agr.state.nh.us**