

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

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

Name**	Farm	NHDAMF Cert. #:
Address	City	State/Zip code
Phone	Fax	E-mail
FEES SUBMITTED: Certification Fee= \$100.00 Inspection Fee= _____ TOTAL FEES SUBMITTED: _____		Inspection Fee- (Refer to Table 911.2) ***Total # Animal Units: _____ Total number of birds:

**Is this person AUTHORIZED to act on behalf of the company/corporation? Yes___ No___

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

*** Animal Units for poultry shall be determined by using the 0.0025 factor per bird regardless of age

Directions to farm: _____

1. LIVESTOCK DESCRIPTION

- ❖ Provide the following information for the poultry being raised as live birds, or for organic meat, or fresh shell egg production
- ❖ Quantity refers to the number of birds currently raised
- ❖ Use additional sheets if necessary

1A. POULTRY PRODUCTION

Poultry Species	Breed	Quantity	Org (O) or Non-org (NO)	Source of Birds	Check poultry product		
					Egg	Meat	Live birds

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

Poultry type	Vaccination type	Age of birds when administered	Date administered	Source of Vaccine

SECTION 2: POULTRY HOUSING (barns, shed, coop)

NOP Rule Section 205.239

❖ Indicate housing for both organic and non-organic flocks if applicable

Poultry type (Indicate if Org or Non-Org.)	House ID/Name	Housing type with dimensions	# birds per housing unit	Type of bedding if used	How & when is housing cleaned out?

2A. Housing Fly & Rodent control:

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

2B. Housing sanitation & cleaning practices/procedures:

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

SECTION 3: LIVESTOCK ACCESS TO OUTDOORS

NOP Rule Section 205.239

- ❖ *All pastures that organic poultry graze MUST be certified organic.*
- ❖ *The pasture location/ID must correlate to those listed on TABLE A-FIELD INFORMATION SHEET in the application for Certified Organic Field/Crop Production*
- ❖ *If pasture is certified by an Agency other than NHDAMF, a copy of the organic certificate must be included with this application*

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

**Give justification why livestock does not have access to the outdoors: _____

SECTION 4: LIVESTOCK HEALTHCARE PROGRAM

NOP Rule Section 205.238

- ❖ *Check the diseases and/or pests that have afflicted your birds*
- ❖ *List the specific ailments, and describe methods used to treat the conditions*
- ❖ *Include all internally administered and externally applied substances*

4A. Poultry (Chicken-C, Turkey-T, Ducks-D, Geese-G; or Specify other specie)

Disease/Pest	X	Animal Species	Specific Ailment	Treatment Method Date(s) and # of treatments	Planned Treatment Strategy for Organic Production
Diarrhea diseases					
External parasites					
Foot problems					
Reproductive disorders					
Respiratory diseases					
Skin or feather problems					
Trauma					
Other-specify					

SECTION 5: FEED AND FEED SUPPLEMENTS

NOP Rule Section 205.237

- ❖ *List the quantity of each feed type used during the last 12-month period*
- ❖ *Indicate whether feed was home grown or purchased (Use additional sheets if necessary)*
- ❖ *Note: Purchased feed requires a copy of the feed label and invoice*

Feed Type	Organic (X)	Certifying Agency	Non-Organic (X)	Annual Quantity (lbs/tons)	Source	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 & Feed Additives: Complete table if applicable.

Brand name	Source	Dosage	How administered	Reason	Duration of treatment

5C. Non-organic Feed: If conventional feed is used on farm how is commingling with organic feed prevented:

SECTION 6: PROCESSING AND PACKING FACILITIES

NOP Rule 205.238, 205.270, 205.271, 205.272, 205.303

- ❖ Describe your processing and packing procedures
- ❖ Specify sanitation practices, brand(s) of cleansers
- ❖ If flock is/ or will be disposed of indicate in the following table

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 poultry can be sold “live-weight” as “organic” prior to shipment to a slaughtering facility

Complete the following table:

Flock ID or Name	# Birds	Date of disposal or processing	On-farm	Off-farm	Slaughtering Facility/ Mode of Disposal

On-farm meat processing- complete the following questions:

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

Packaging type: _____

Do you process both organic and non-organic birds on-farm? ___ Yes ___ No If yes, indicate how

contamination between organic and non-organic products is prevented: _____

6C. Organic Egg Production and Processing:

- ❖ *Total egg production, in dozens, must be recorded and available for review. **TABLE A**-“ORGANIC EGG PRODUCTION” may be used (attached)*
- ❖ *If you purchase off-farm organic eggs for processing, then you must complete a “NHDAMF Organic Processors & Handlers of Organic Products” application (additional fees required)*
- ❖ *Attach labels used on all packaging containers*

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

Packaging type: ___ New ___ Used Indicate source of packaging: _____

How is used packaging assured to be free of contaminants? _____

Storage of eggs:

Loose eggs: _____

Processed eggs: _____

Labeling of eggs:

Will the USDA Organic Logo be used on packaging? ___ Yes ___ No

Will the NHDAMF Organic Logo be used on packaging? ___ Yes ___ No

6D. Non-organic Egg Production & Processing: The following is required when maintaining organic and non-organic eggs:

- ❖ *Separate production records*
- ❖ *Separate processing procedures to prevent commingling*
- ❖ *Separate storage procedures to prevent commingling*
- ❖ *Attach labels used on all non-organic packaging containers*

Describe production, processing and storage of loose eggs and processed eggs:

Describe procedures implemented to prevent commingling of organic and non-organic eggs:

SECTION 7: RECORDKEEPING

NOP Rule 205.103

The following are required to be maintained and available for review:

- ❖ Purchase receipts for all flocks
- ❖ Sales records for all eggs, meat or live birds
- ❖ Medications administered-date, dosage, source
- ❖ Feed products and supplements
- ❖ Disposition of birds (culled, slaughtered, death, sold, etc.)
- ❖ Sale invoices, product labels, packaging samples

SECTION 8: AFFIRMATION

- ❖ *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 poultry or other similar fowl, 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-
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