FS-5111
Rev. 11/15

ODAFF
Food Safety Division
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OFFICIAL USE ONLY	
RECEIPT #	
AMOUNT $	
DATE:	
REV CODE	470

ORGANIC CERTIFICATION PROGRAM
PRODUCER APPLICATION

Owner/Manager: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone # _____ Cell # _____ Fax #: _____

E-Mail Address: _____

Application previously been made: Yes☐ No ☐ Number of year(s) ____If Yes reported to
Supply documents from previous certifying agent_____
Supply documents on action taken to comply with Non-compliance issue_____

Type of Operation (Check as applicable)

☐ Grain	☐ Vegetables	☐ Beans/Peas
☐ Fruits	☐ General Market	☐ Other (specify)
☐ Specialty Crops	☐ Specialty	_____
☐ Nuts	☐ Ethnic	_____

Total Acres _____

Total Acres Irrigated _____

Total Acres Organic _____

Soil Types _____

_____

_____

Irrigation Information

System Type _____

Water Source _____

Sole Source? ☐ yes ☐ no

Please complete the following table for all crops or products requested for certification and have complete field history sheets and current farm maps available for review by inspector.

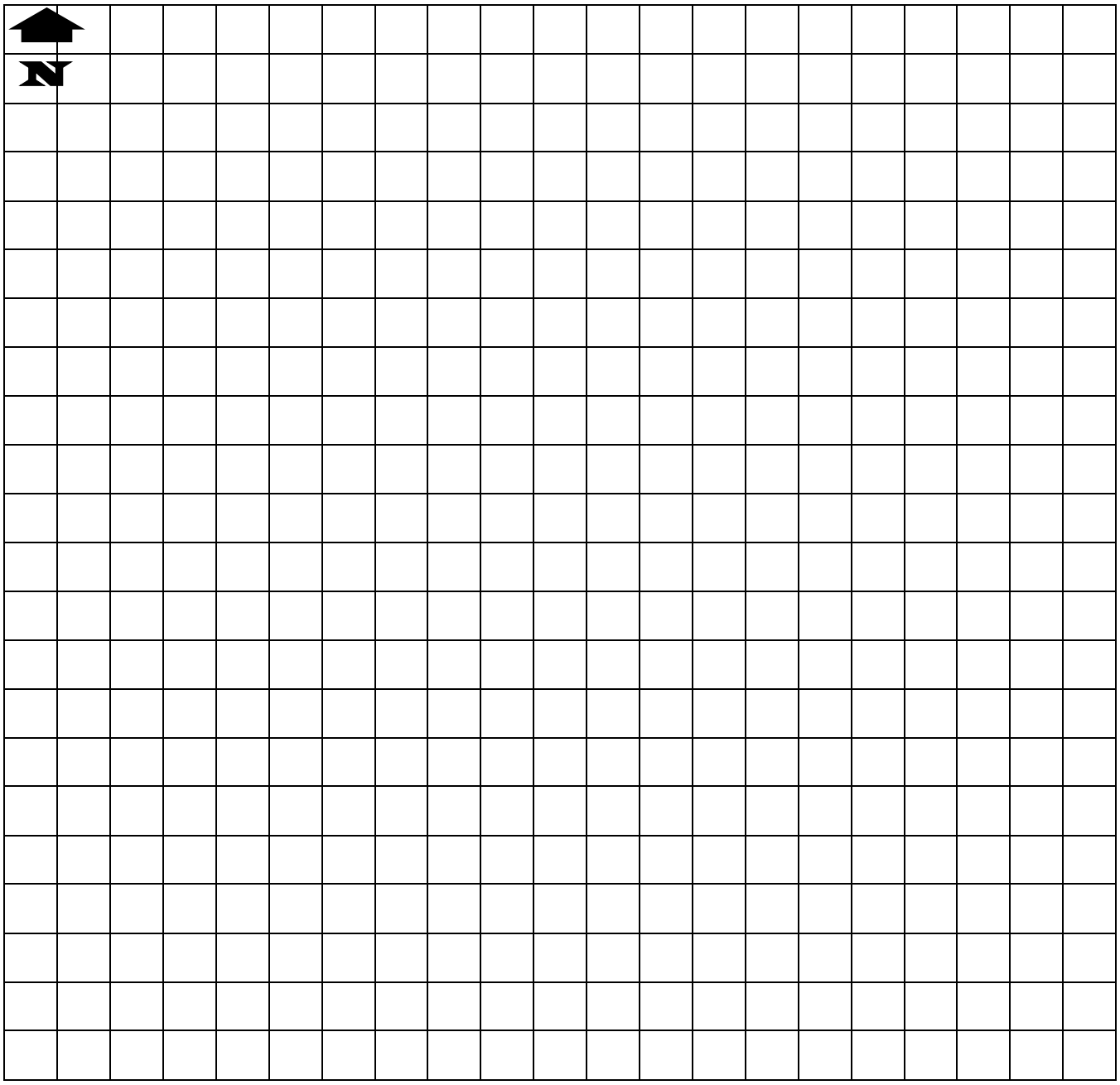
Crops requested for Certification	FIELD NUMBERS	TOTAL ACRES/ SQUARE FEET	PROJECTED YIELDS

Farm Map

1. (Optional) If available, please attach ASCS aerial maps of all fields.
2. Please provide the legal description of each parcel to be certified. _____

_____

3. Please show your field layout, field numbering system, and the location of buildings on each parcel to be certified. Indicate the scale you are using in the space provided.
4. Provide directions from the nearest city. _____



Scale: One space = acres.

Seeds &Transplant information (please list information on seeds or transplant, or attach copies of seed/ transplant invoices)

Seed/Transplant Supplier	Organic or Untreated	Variety Name/Description

Field Information

Please state the first year you used each of your current fields.

Field or Bed No.	Owned	Leased	Year First Used	Size	Amount Currently in Production	Additional Remarks

Mixed Organic / Conventional Production

Please complete this section if your farm includes some land that is not managed organically

Crop and Spray Plan (List only non-organic fields that are adjacent to organic fields.)

Field or Bed No.	This year's crop	Synthetic materials to be applied

Are buffer zones in place between organic and non-organic fields? ☐ yes ☐ no

If yes, please describe the prohibited substances applied to the adjoining land and illustrate your buffer zones on your farm maps.

Field – By – Field Cropping History and Rotation Plan

Please list all crops grown or planned by field for each year.

(List by specific crop, e.g., parsley, NOT general category e.g., herbs.)

Crop by Harvest Year								
Field or Bed No.	Year	Year	Year		This Year		Year	Year

For wild crops explain ways of harvesting, not destructive to the environment and how will you sustain the growth and production of the Wild Crop

Fertilization (Check all you plan to use this year)		Amount of Material Used										
Field or Bed No.	Source of Material	Manure	Compost	Lime	Supplement N	Supplement P	Supplement K	Minerals	Foliar Sprays	Ground Sprays	Seed Inoculants	Other: _____

How do you plan on monitoring your fertilization plan and what frequency which will be preformed?

During the past three years, have any synthetic and / or non-organic substances been applied to any of your organic fields? _____

If so, please list substance(s) below:

Field or Bed No.	Synthetic product used	Last date applied

Soil-Building Program (Check all methods you use):

Soil testing _____

Crop rotation _____

Summer fallow _____

Legumes or green manure crop _____

Fertilizers _____

Subsoil manipulation _____

Other (specify) _____

How do you plan on monitoring your Soil Building plan and what frequency which will be preformed?

PEST CONTROL

In the past three years, have you experienced
Any pest problems in your fields? _____
If so, complete the section below:

Field or Bed No.	Harvest Year	Crop	Insects, weeds, Disease, or Nematodes?	Minor, moderate, or severe infestation?	Action taken

How do you plan on monitoring your Pest Control plan and what frequency which will be preformed?

WEED CONTROL

Besides mechanical procedures and crop rotation,
what other means of controlling weeds do you use?

Field or Bed No.	Method or product used

How do you plan on monitoring your Weed Control plan and what frequency which will be preformed?

Other Applications

Other Inputs Used (List any other inputs you plan to use not addressed in the previous sections including its composition and source)

Contamination Prevention

Please describe the facilities and list all the equipment you use. Describe the methods you use to keep your farm equipment from contaminating organic fields. (organic only, cleaning, etc.)

Please describe the facilities and methods you use to store and handle prohibited materials separately from permitted materials.

Please describe the facilities and methods you use to ensure that there is no possibility of commingling of organic and non-organic crops.

Post-Harvest Handling

Do you store or dry crops on your farm? _____ If so, please list below.

Bin Number	Capacity	Steel	Wood	Concrete	Other(specify)

How do you protect stored crops from insects and mold?

Mechanical means? _____ If so, specify: _____
Diatomaceous earth? _____
Bacillus thuringiensis? _____
Other(specify) _____

During the past three years, have any of the following been applied to any of your stored crops? (if yes, please specify.)

	Date	Crop	Material
Synthetic fumigants? _____			
Sprouting inhibitors? _____			
Ripeners? _____			
Growth regulators? _____			
Preservatives? _____			
Coloring agents? _____			
Waxes or oils? _____			

Recordkeeping and Farm Management

Include a description of your recordkeeping system implemented to comply with the requirements established in USDA NOP Standard Regulations §205.103 (Please describe this system in the space provided below or attach to the OSP).

All goods produced by me and marketed as USDA NOP Certified Organic does meet the certification standards established under the National Organic Program, administrated by Oklahoma Organic Food Section.

I have read and agree to be bound by all provisions of the National Organic Program Standards that apply to land or other units under my management.

I affirm that all oral statements, written information provided in this document, and other verification records submitted with this application for certification or re-certification are true, accurate and complete information about my operation.

_____ _____

Applicant's signature Date