ODAFF Food Safety Division P.O. Box 528804 Oklahoma City, OK 73152 Phone: (405) 522-5898 Fax: (405) 522-1060



OFFICIAL U	SE ONLY
RECEIPT #	
AMOUNT \$	
DATE:	
REV CODE	470

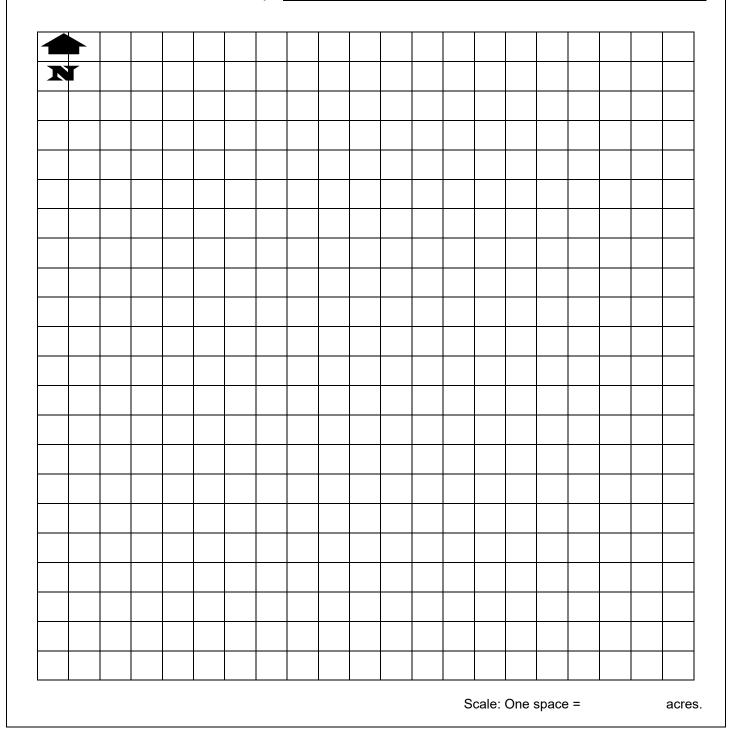
ORGANIC CERTIFICATION PROGRAM PRODUCER APPLICATION

Owner/Manager:			
Farm Name:			
Address:	City:	State:	Zip:
Telephone #	Cell #	Fax #:	
E-Mail Address:			
Application previously been made Supply documents from previous of Certification Number (if applicable Supply documents on action taker Are you requesting Canadian Equ Type of Operation (Check as app	certifying agent:): n to comply with Non ivalency Arrangeme	 -compliance issue:	
	, 	— -	_
Grain	Vegetables	L] Be	ans/Peas
Fruits	☐ Nuts		her (specify below):
Total Acres		Irrigation Informa	ation
Total Acres Irrigated		System Type	
Total Acres Organic		Water Source	
What are your general soil types?	? □ Silt □ Other	Sole Source?	Yes 🗌 No 🗌

Please complete the following t have complete field history she	able for all crops or pro ets and current farm ma	ducts requested for aps available for revie	certification and w 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.



This page is not applicable for first time applicants Audit Control Summary of Certified Organic Products Sold from _____ to ____:

Crops/Products	# of Acres or Sq Ft	Actual Yield	Amount Sold	Amount Left to Sell	Storage ID #

Boundaries, Adjacent Land Use and Buffer Areas

1.	Describe your farm borders and adjacent land use (organic farms, fallow fields, wild lands,
	non-organic crop or livestock production, residential use, etc.)

2.	Describe the measures you take (management practices, communications and/or physical
	barriers to prevent contamination by prohibited materials that are or may be applied to
	adjacent or nearby land. 🗌 No areas of concern

3. Describe buffer areas for each field that you maintain on your organic land to protect crops from contamination.

Seed Information (Use additional sheets if necessary)

Year Purchased	Сгор	Variety	Source (Name and Contact Info)	Organic or Untreated	For Untreated seeds, list the 3 suppliers of organic seed you checked	Treated or Inoculated?	Reason for choosing this variety
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	
						☐ No ☐ Yes with:	

Not applicable

Certified operations must use organic seed, annual seedlings, and planting stock. Annual seedlings must be produced according to organic standards. NOTE: Non-organically produced annual seedlings may be used to produce an organic crop when a temporary variance has been granted in accordance with NOP rule § 205.290(a)(2).

Annual Seedlings (Use additional sheets if necessary)

Сгор	Seedling Source & Certifier		

PURCHASED PLA	PURCHASED PLANTING STOCK IN Not applicable						
Certified operations must use organic seed, annual seedlings, and planting stock. Use of non-organic planting stock is subject to commercial availability. If planting stock is from a non-organic source and is used to produce perennial crops, then that planting stock may be sold, labeled, or represented as organic planting stock after 12 months of organic management. Planting Stock (Use additional sheets if necessary)							
Сгор	Planting Source & Certifier	Check if organic	Check if bare root stock	If non- Date Planted	organic: Expected Harvest Date		

	FIELD INFORMATION Please state the first year you used each of your current fields.						
Field or Bed No.	Owned or Leased?	Year First Used	Size	Amount Currently in Production	Additional Remarks		

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 the substance(s) below:								
Field or Bed No. Synthetic Product Used Last date applied								

	0	& Transitional Production includes some land that is not managed organically
Crop	and Spray Plan (List only no	on-organic fields that are adjacent to organic fields.)
Field or Bed No.	This year's crop	Synthetic materials to be applied
	in place between organic and n cribe the prohibited substances app	ion-organic fields?

Field – By – Field Cropping History and Rotation Plan This page is for first time applicants only or if adding new fields to your organic production. Please list all crops grown or planned by field for each year.

Fie	ld by H	arvest	Year I	istory & F	Rc	otation F	Plan
Field or Bed No.	Three Years Ago	Two Years Ago	Last Year	T general category This Year		Next Year	Two Years Ahead
Example: Field 1	Okra	Potatoes	Corn	Spinach		Peas	Corn

Do you harvest wild crops? 🗌 Yes 🗌 No

If Yes, explain ways of harvesting, not destructive to the environment and how will you sustain the growth and production of the Wild Crop:

Fe	ertilization				Am	ount of	f Mater	ial Use	d		
(List all y	ou plan to use this year)	υ	ost		Supplement N	Supplement P	Supplement K	s	<i>(</i> 0	o ک	ants
Field or Bed No.	Source of Material	Manure	Compost	Lime	Supple	Supple	Supple	Minerals	Foliar Sprays	Ground Sprays	Seed Inoculants

	LIST ALL OTHE	R INPUTS	S USED	
Name of Input Used	Source of Material	Field or Bed No.	Is Input OMRI or WSDA Listed?	Additional Remarks

Soil-Bu	ilding Progr	ram (Check all methods y	ou use):
Soil Testing		Crop Rotation	
Summer Fallow		Legumes or green manure crop	
Fertilizers		Subsoil manipulation	
Other(s) (specify)			
How do you plan on r	monitoring your S	Soil Building plan and at what frequenc	y will it be performed?

PEST CONTROL

In the past three years, have you experienced any pest problems in your fields? Yes 🗌 No 🗌 If Yes, complete the section below:

Field or Bed No.	Harvest Year	Crop	Insects, weeds, Disease, or Nematodes?	Minor, moderate, or severe infestation?	Action taken
low de	o vou pla	an on monitoring vou	r Pest Control r	blan and at wh	at frequency will it be performed?
	7 1				

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 at what frequency will it be performed?

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. Check here if organic production only

Storage ID # or Name	Crops Stored	Type of Storage	Capacity	Location of Storage
EXAMPLE Bin #1		0.1	5 000 1	
DIII #1	Corn	Silo	5,000 bu	North side of machine shed
Mechanical me Diatomaceous	earth? Yes	No 🗌 If Ye:]_No 🛄	and mold? s, specify:	
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas	eans? Yes earth? Yes giensis? Yes : t three years, ha	NoIf Yes] No No ve any of the f	s, specify:	pplied to any of your stored
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas	eans? Yes earth? Yes giensis? Yes [:	No If Yes] No No ve any of the f	s, specify: ollowing been a	
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas crops? (If Yes,	eans? Yes earth? Yes giensis? Yes : t three years, ha	No If Yes] No No ve any of the f	s, specify: ollowing been a	pplied to any of your stored Material
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas crops? (If Yes, Synthetic fumig	eans? Yes earth? Yes giensis? Yes : t three years, ha please specify.)	No If Yes] No No ve any of the f No	s, specify: ollowing been a	
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas crops? (If Yes, Synthetic fumig	eans? Yes earth? Yes giensis? Yes t three years, har please specify.) gants? Yes itors? Yes	No If Yes] No No ve any of the f No	s, specify: ollowing been a	
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas crops? (If Yes, Synthetic fumig Sprouting inhib Ripeners? Yes	eans? Yes earth? Yes giensis? Yes t three years, har please specify.) gants? Yes itors? Yes	No If Yes No No ve any of the f No No	s, specify: ollowing been a	
Mechanical me Diatomaceous Bacillus thuring <u>Other (specify)</u> During the pas crops? (If Yes, Synthetic fumig Sprouting inhib Ripeners? Yes Growth regulat	eans? Yes earth? Yes giensis? Yes t three years, hat please specify.) gants? Yes itors? Yes No No	No If Yes No No Ve any of the f Date No No	s, specify: ollowing been a	
Mechanical me Diatomaceous Bacillus thuring Other (specify) During the pas crops? (If Yes, Synthetic fumig Sprouting inhib Ripeners? Yes Growth regulat Preservatives?	eans? Yes earth? Yes giensis? Yes t three years, har please specify.) gants? Yes itors? Yes No ors? Yes No	No If Yes No No Ve any of the find No No No o	s, specify: ollowing been a	

If Yes, attach samples of <u>all</u> organic product labels. Do you plan to use the certification agency seal on the label? Yes No

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 recertification are true, accurate and complete information about my operation.

Applicant's signature

Click or tap to enter a date.

Date