

# LAND USE HISTORY VERIFICATION



## I. Applicant Information and Description of Land Parcel(s)

APPLICANT	FIELD ID*
LEGAL DESCRIPTION OF PROPERTY (TOWNSHIP – RANGE – SECTION)	FIELD ACREAGE

## II. Responsible Entity

Have you owned or managed the land seeking organic certification for the last 36 months?

Yes (please skip to section 3)

No (please have the previous owner/land manager complete the following information. Both the applicant and the previous manager must complete and sign this form)

PREVIOUS LAND MANAGER NAME		
PREVIOUS LAND MANAGER MAILING ADDRESS		
CITY	STATE	ZIP
PREVIOUS LAND MANAGER PHONE NUMBER(S)		

## III. Land Use History

Please list all materials applied in the last 36 months to the fields seeking certification. This list must include fertilizers, herbicides, pesticides, fungicides and any treated seeds as well as all other input materials. List ALL inputs used. You may attach a separate page.

Field ID	Crops or land use	Material Name and Type	Application Date(s)

## IV. Notarized Declaration

I, \_\_\_\_\_, declare that the parcel(s) of land described above were farmed by me or were under my control during the crop years of \_\_\_\_\_ to \_\_\_\_\_. I also declare that during this time, to the best of my knowledge, there were no herbicides, pesticides, fungicides, seed treatments, synthetic fertilizers, or other materials applied to this land other than those approved under the National Organic Program (NOP) Regulation. I submit that the above information is true and accurate. \*\*\* Please have this document verified by a Notary Public. \*\*\*

Owner Name (printed): \_\_\_\_\_

Prior Land Manager Name (if applicable) \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Prior Land Manager): \_\_\_\_\_ Date: \_\_\_\_\_

\* One affidavit must be completed for each field requesting organic certification, unless all fields are managed in exactly the same way.