



Crop Site Registration

All sites must be inspected annually unless certified organic by another certifying body. Each site must be accounted for and each non-contiguous site must be registered individually. Please attach a map with this site registration and indicate buffers, water sources, and other areas of notability.

Customer ID: AG-C000 \_\_\_ OC

Business/DBA:

Site Name:

Site Physical Address:

GPS coordinates:

Mailing Address:

Organic Certification Responsible Contact:

Phone Number:

E-mail:

Is site currently certified organic by another certifying body?

No Yes. If yes, please list the certifying body:

Describe your site's eligibility:

Organic Certification (Site is currently under organic management and no prohibited materials have been applied for at least 36 months.)

Transitional (Site is currently under organic management, but has not had 36 months since last prohibited substance.)

Table with 2 columns: Production/Crop Type, Acreage. Rows include Fallow, Non-production (buffer, roadway, crop alleyways), and Total Acreage.



Is site owned or leased? Owned Leased

If leased, please describe the production circumstances or attach a copy of the agreement:

Have you managed this site for at least three years? Yes No

If not, please list previous managers and have them complete a Previous Land Use Declaration form.

Table with 3 columns: Previous owner/manager & contact information, From date, To date

Do other operations (certified organic or not) share use of this site? Yes No

Is this site currently certified? Yes No

If yes:
Who is the certifying body:
What business name appears on the certification?

Please list all inputs applied in the last 3 years. This includes pesticides, fertilizers, herbicides, inoculated/treated seed, fungicides, etc.

Table with 2 columns: Material applied, including brand name, Dated applied (mm/dd/yyyy)



Have you notified your neighbors that this site is under organic production (*recommended best practice*)?      Yes                  No

Do you display "Organic - no spray" signs?  
                                         Yes                  No

Please describe all border risks and clearly identify on submitted map.

Border	Describe Border	Drift Risk	Flood Risk	Other Risk:	No Risk
North					
South					
East					
West					
Other:					
Other:					
Other:					

Please describe your risk prevention strategy and buffer management for borders at risk:

Will buffers be harvested?      Yes                  No  
*If so please describe the final disposition of buffer crops*

I, \_\_\_\_\_, as an authorized representative of \_\_\_\_\_ (business name)  
affirm all statements are true and correct to the best of my knowledge.

Signature	Title	Date