

ODAFF
Food Safety Division
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OFFICIAL USE 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: Yes No First Year Certified (if applicable):

Supply documents from previous certifying agent: _____

Certification Number (if applicable): _____

Supply documents on action taken to comply with Non-compliance issue: _____

Are you requesting Canadian Equivalency Arrangement? Yes No

Type of Operation (Check as applicable)

Grain

Vegetables

Beans/Peas

Fruits

Nuts

Other (specify below): _____

Total Acres _____

Irrigation Information

Total Acres Irrigated _____

System Type _____

Total Acres Organic _____

Water Source _____

Sole Source? Yes No

What are your general soil types?

Clay Loam Sand Silt Other: _____

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. No buffer required

Seed Information (Use additional sheets if necessary)

Year Purchased	Crop	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
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	
						<input type="checkbox"/> No <input type="checkbox"/> Yes with:	

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

Mixed Organic, Conventional, & Transitional 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 identify your buffer zones on your farm maps.

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

Soil Testing	<input type="checkbox"/>	Crop Rotation	<input type="checkbox"/>
Summer Fallow	<input type="checkbox"/>	Legumes or green manure crop	<input type="checkbox"/>
Fertilizers	<input type="checkbox"/>	Subsoil manipulation	<input type="checkbox"/>
Other(s) (specify)	<input type="checkbox"/>		

How do you plan on monitoring your Soil Building plan and at what frequency 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

How do you plan on monitoring your Pest Control plan and at what frequency will it be performed?

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

Post-Harvest Handling

Do you store or dry crops on your farm? Yes No If Yes, please list below.

Storage ID # or Name	Crops Stored	Type of Storage	Capacity	Location of Storage
EXAMPLE Bin #1	Corn	Silo	5,000 bu	North side of machine shed

How do you protect stored crops from insects and mold?

Mechanical means? Yes No If Yes, specify:

Diatomaceous earth? Yes No

Bacillus thuringiensis? Yes No

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? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sprouting inhibitors? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Ripeners? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Growth regulators? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Preservatives? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Coloring agents? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Waxes or oils? Yes <input type="checkbox"/> No <input type="checkbox"/>			

LABELING:

Do you plan on labeling any of your Certified Organic products? Yes No

If Yes, attach samples of all 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 re-certification are true, accurate and complete information about my operation.

Applicant's signature

Date