

Food Quality Assurance Program Maryland Department of Agriculture P.O. Box 17304 Baltimore, Maryland 21297-1304

PCA 23403 OBJ 6801 Date Recd	
Amount Recd	

PHONE: 410-841-5769

Annual Fee: \$500 Non Refundable after Inspection is Conducted

MDA Certified Producers and Handlers Remittance Form

Please separate this form from the rest of the packet and send with your check or money order to:

Maryland Department of Agriculture, P.O. Box 17304, Baltimore, Maryland 21297-1304.

If sending through any mail carrier other than USPS please use the following address: First Data/Remitco, Attn: Maryland Department of Agriculture, Lockbox (17304) 7175 Columbia Gateway Drive, Columbia, MD 21046-2534

The Agricultural Management Assistance Program authorized under the Federal Crop Insurance Act provides for reimbursement of organic certification costs. Producers and Handlers certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of \$750. To apply for reimbursement, complete this application and submit to the address listed above.

MDA cannot issue reimbursement without a social security number for individuals or a tax id (fid or ein) for businesses.

AFFLICANI NAME	PARM NAME	
WOULD YOU LIKE TO RECEIVE COST SHARE REIMBURSEMENT If you answered yes, please complete the following:		
NAME OF PAYEE – Must be same as person or business paying certification fees and match t	he social security or tax identification number listed below	
CONTACT PERSON OR BUSINESS NAME (IF DIFFERENT THAN PAYEE)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	SOCIAL SECURITY OR TAX IDENTIFICATION NUM	IBER FOR PAYEE
LOCATION ADDRESS , IF DIFFERENT THAN MAILING	DATE OF CERTIFICATION COSTS	
Calculate your reimbursement:		
Example: If your certification costs were \$500, you certification costs were \$1,500, 75% we you may be reimbursed.		
Certification fees paid = \$	X 75% (0.75) = \$	(Maximum \$750.00)
Signature of Applicant(s)		Date
To apply for reimbursement, complete this application, are and fee. If not certified by MDA, submit with a copy of the provide the number of certified acres, if applicable. Acre	ne receipt for your certification fees	
Administrative Use Only:	Amount of roi	mbursement issued: \$
Date Application Received:	Amount of ref	indusement issued. <u>\$\pi\$</u>
Check#	Check Amoun	tt: \$
Action Taken: Approved Denied:	Ву:	Date:
Defined.		Processed:



For office use only
Date Application received
Date Check recd, ck no, amt

MARYLAND DEPARTMENT OF AGRICULTURE

Food Quality Assurance Program 50 Harry S Truman Pky Annapolis MD 21401

Telephone: (410) 841-5769 Fax: (410) 841-2750

Email: organic.certification@maryland.gov Website: www.mda.maryland.gov

Organic Crop and Pasture Certification Application SCOPE: Crop

For New Applicants and Continuing Applicants every 5 years

This form must be completed fully and signed in order to process your organic certification. Use additional sheets if necessary. Farm maps and field history sheets must be submitted with this form along with all other supporting documents (soil tests, rented or recently purchased land histories, etc). The application fee of \$500 should be sent along with the remittance form to the PO Box listed on the remittance form. The application fee is nonrefundable once the inspection is conducted.

SECTION 1: General Information				NOP Rule 205.401 and 205.406 (a)(2)		
Applicant Name & Title	Farm Name		er's Name (if different from Applicant)			
Certification Check Number and Date:		Name on Chec	k:			
Mailing Address		City				
State	Zip code			Date		
Phone	Fax	Email Website				
Legal status: Sole proprietorship form 1065) Other (specify) Partnerships must submit the names of address of registered agent.	Trust or non-profi			Cooperative Legal partnership (federal nust submit names of the officers and the name and		
1 0	t current organic certific er agencies	cation by	Year wisubmitt	hen complete Organic Farm Plan was last ed		
Do you understand the current organic standards? Yes No	Do you have a co	py of the current	organic	standards? Yes No		
Give directions to all locations of fields for which you are requesting certification.						
When are you available to contact? When are you available for the inspection		Afternoon Afternoon	E	vening vening		
Do you intend to certify any livestock (If yes, have you filled out an Organic L Please note that you must have an Orga	Livestock Plan applicate anic Livestock Plan on	ion? file to certify an	y livesto			
Do you have any off-farm or on-farm p If yes, have you filled out an Organic F Please note that you must have an Orga	Handling Plan Question	maire?	0.	Yes No		

Do you have a Nutrient Management Plan? Do you have a Soil Conservation Plan? Yes No Yes No Yes No							
Requested product listing for MI	DA Organic Opera	ations Director	y:				
SECTION 2: Farm Plan In	formation		NOP Rule 205	5.201(a) and 205.202(a) and	l (b)		
Attach a clear, detailed map of the		not a contiguo					
(North arrow), map scale, legend Identify and label on map:		C 11					
Farm and production area bound Farm roads, public roads, woodl				te numbers and size.			
Buildings, irrigation sources, dri Other animal facilities				nks, septic systems.			
Any fields not organically manage	ged and their buffe	er zones and w	idth.				
Adjacent land use of all neighbor	ring properties sho	owing buffer ar	eas with their width and direction				
Please complete the table below conventional (C)], field numbers					d in		
this table must equal field histori							
histories are required for all field							
C	F2 111	T. (.1	D 1 1	Data CT and the same			
Crops requested for certification	Field numbers	Total acres	Projected yields (volume)	Date of Transition			
Grains		put usep					
Corn							
Wheat							
Oats							
Barley							
Sorghum							
Spelt							
Rye							
Other Grains							
Beans							
Soybeans							
Dry Beans							
Other Beans							
Hay, Silage & Pasture							
Alfalfa or Alfalfa Mix							
Grass hay and haylage							
Other hay or silage							
Pasture							
Herbs Greenhouse Nursery							

Herbs

Crops requested for certification	Field numbers	Total acres per crop	Projected	d yields (vol	ume)	Date of Trai	nsition	
Cut Flowers								
Mushrooms								
Greenhouse (own use)								
Greenhouse Transplants (for sale)								
Nursery								
Vegetables								
Potatoes								
Tomatoes								
Lettuce								
Carrots								
Mixed Vegetables ≤ 5 acres								
Mixed Vegetables								
≥ 5 acres Other Vegetables								
Fruit & Nuts								
Tree Nuts								
Apples								
Grapes								
Other Fruits								
Other Land								
Cover crops (Full Year)								
Fallow/Idle Land								
Other Certified land								
TOTAL UNITS								
Are all fields currently certified establish the history of inputs of Have you managed all fields for If no, you must submit a Land a prohibited substance on all nothis period. If yes, you must sugar years or the last application of managing.	on the fields you wa or 3 or more years? Use Affidavit statin ewly rented or purch ubmit a complete fie	nt certified. In the use and a shased fields signed history sheet	all inputs agned by the	pplied during person respuse use of the wing chart i	Yes g the previousible for land and al ncluding in	☐ No ous 3 years o the manager Il inputs appl formation fo	ment of the land d lied during the pre or each parcel you	on of uring vious
Field numbers	Parcel address/ legal description				eres: organic (Γ), convention Τ		Rented (R) or Owned (O)	

Crops requested for certification		Total acres	Projecte	d yields (volu	ıme)	Date of Tra	nsition	
certification		per crop						<u> </u>
SECTION 3: Seeds and Se							NOP Rule 205.2	204
The NOP Rule requires the use seeds, you must have records or organic standards require certifice seeds and inoculants are prohibited seeds you are using or plan to under A or if all seeds are organic you receipts and documentation of seeds the seed production. Check the appropriate boxes No seeds used All	of your attempts to so ed organic seed. Syl- pited in organic produ- use on Attachment A, may submit a receip- pearch for organic see	urce organic nthetic seed to ction. As seed as an attach at as your list a ed available for	seed. If your reatments eds are co ed list as I as long the or the insp	our operation are prohibite nsidered an i ong as it con e receipt indic	produces sed. Geneti nput, MDA tains all infeates they seproduce y	sprouts for hically engined must have a formation requare organic.	uman consumption ered/modified (GM0 a complete list of al uested on Attachm Have all labels,	O) II nent s of
Please check all sources of se	•	· ·		Companies	Oth	er		
SECTION 4: Source of Seedling	gs and Planting Stoc	k				NOP I	Rule 205.204	
Annual seedlings must be organ propagation) must be produced managed organically for at least you need to use non-organic see treatment is a Federal or State p Attachment A or a list in another stock are organic, you may subn	according to organic one year prior to har edlings or planting sto phytosanitary requirer format as long as it	standards if orvest of crop of ock because ment. List all contains all ir	commercia or sale of to of an eme annual se oformation	ally available the plant as or	. Non-orgal ertified orgohibited tre planting ston Attachmen	nic perennial ganic planting eatment may ock you are u ent A. If all a	plants must be stock. Contact M be used if such using or plan to use	IDA if
A. DO YOU PURCHASE ORGALITY yes, include all information on		DLINGS?				Yes 🗌 N	lo 🗌 Not applica	able
B. DO YOU PURCHASE ORGA If yes, include all information on		OCK?				Yes 🗆 N	lo 🗌 Not applica	able
IF YOU GROW ORGANIC SEE	DLINGS OR PRODU	JCE PLANTIN	NG STOC	K ON-FARM	<u> </u>		Not applicable	
What type and size is your gre					-		or or product	
Do you raise potted plants or	plant crops directly	in the grour	nd in the (greenhouse'	?			
If treated wood is used in any	part of your greenh	nouse, where	is it used	d?				
If you grow organic seedlings	or produce planting	g stock in ot	her than a	a greenhous	e, describ	e your proc	ess.	
List all soil mix ingredients, fe organic greenhouse operation approved prior to use. Attach	or other seedling p	production o						ır
What equipment do you use in	າ your watering sys	tem?						
How do you prevent seedling	diseases and/or ins	sect problem	s?					
C. IF YOU GROW BOTH ORGA	ANIC AND NON-OR	GANIC PLAN	NTS IN YO	OUR GREEN	HOUSE:		Not applicable	

What organic and non-organic crops are grown? List varieties if the same organic and non-organic corps production).	are grown (parallel
How do you separate and identify organic and non-organic growing areas?	
How do you label organic and non-organic seedlings/plants?	
List the complete name for all soil mix ingredients, fertility products, foliar sprays, water system additionable disease inputs used or planned for use in your non-organic greenhouse operation or other seedling/production process on Attachment B or a list in another format as long as it includes all the informational Attachment B. If prohibited and used for non organic, indicate conventional production under the de NOP Rule Annotation column. Attach labels or have labels as applicable.	olanting stock on requested on
How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?	
Where do you store inputs used for non-organic production?	
How do you prevent drift of prohibited materials through ventilation and/or watering systems?	
How do you clean seedling containers and equipment?	
SECTION 5: Soil and Crop Fertility Management NOP Rule 20	05.203 and 205.205
What are the major components of your soil and crop fertility plan? crop rotation green manure plowdown/cover crops interplanting incorporation of crop subsoiling summer fallow compost on-farm manure off-farm manure soil a side dressing foliar fertilizers biodynamic preparations soil inoculants other (spe List all fertility inputs used or intended for use in the current season on proposed organic and transit Attachment B or a list in another format as long as it includes all the information requested on Attach certified by MDA, all inputs used during the current year and previous three years must also be listed on the light Not applicable	mendments cify) ional fields on ment B. If not currently
If you use or plan to use restricted (R) fertility inputs, how do you meet the NOP requirements for the fertility inputs? Not applicable	use of restricted (R)
If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you preve	ent salt build-up?
Do you burn crop residues?	☐ Yes ☐ No
If yes, please describe what materials are burned and why.	
Do you apply sewage sludge to fields? If yes, list fields where applied.	☐ Yes ☐ No
D. NATURAL RESOURCES:	
NOP Rule 205.200 and 205.203(a) requires that production practices maintain or improve the natural resource including soil and water quality. Practices must minimize erosion. Water tests may be required for nitrate and water is used for washing/processing organic products or for organic livestock. Irrigation water should not corcops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan.	coliform bacteria if
What soil conservation practices are used? ☐ terraces ☐ contour farming ☐ strip cropping ☐ undersowing/interplanting ☐ conservation tillage ☐ permanent waterways ☐ windbreaks ☐	winter cover crops] firebreaks
	-

☐ tree lines ☐ retention ponds ☐ riparian management ☐ maintain wildlife habitat ☐	other (specify)
What soil erosion problems do you experience (why and on which fields)?	none
Describe your efforts to minimize soil erosion problems listed above.	
Describe how you monitor the effectiveness of your soil conservation program.	
How often do you conduct conservation monitoring? ☐ weekly ☐ monthly ☐ annually ☐ other (specify)	as needed
WATER 1105	
WATER USE: ☐ irrigation ☐ livestock ☐ foliar sprays ☐ washing crops ☐ greenhouse ☐ other (□ none (specify)
Source of water: ☐ on-site well(s) ☐ river/creek/pond ☐ spring ☐ municipal/county ☐ other (specify)	irrigation district
Type of irrigation system: ☐ drip ☐ flood ☐ center pivot ☐ other (specify)	none
What input products are applied through the irrigation system?	none
What products do you use to clean irrigation lines/nozzles?	none
Is the system shared with another operator?	」Yes ∐ No
If yes, what products do they use?	
ii yoo, waa producto do tiley doo.	
Is the system flushed and documented between conventional and organic use? What practices are used to protect water quality? ☐ fencing livestock from waterways ☐ scheduled use of water to conserve its use ☐ tension ☐ laser leveling/land forming ☐ drip irrigation ☐ micro-spray ☐ other (specify)	Yes No
List known contaminants in water supplies in your area. Attach residue analysis and/or salinity to	est results, if applicable.
Describe your efforts to minimize water contamination problems listed above.	☐ Not applicable
Describe how you monitor the effectiveness of your water quality program.	
How often do you conduct water quality monitoring? ☐ weekly ☐ monthly ☐ annually ☐ other (specify)	as needed
SECTION 6: Crop Management NOP	Rule 205.205 and 205.206
NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, prevents manages deficient or excess plant nutrients. Your crop rotation may include sod, cover crops, green Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitational including selection of plant species and varieties adapted to site-specific conditions, must be used to	manure crops, and catch crops. It for pests. Cultural practices, enhance crop health.
Approved synthetic materials on the National List 205.601 may only be used when management practor control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has spyou use a "restricted" material, you must provide evidence of how you address the materials' annotating	ecific annotations for its use. If
A. CROP ROTATION PLANS: (Use one line for each rotation used)	

	FIELD NUMBERS WHERE PLAN IS	
CROP ROTATION PLAN	FOLLOWED	ANTICIPATED CHANGES
B. WEED MANAGEMENT PLAN:		☐ No weed problems
What are your problem weeds?		☐ No weed problems
What are your problem weeds:		
What weed control methods do you use?	crop rotation	provention of wood sood set
delayed seeding monitoring soil tem		·
-		
mechanical cultivation use of hand to	•	
☐ flame weeding ☐ steam weeding ☐		black fallow non-synthetic mulch
synthetic mulch corn gluten so	ap-based herbicides	ecity)
B	discount of the state of the first	Later and Calling Later and Review of the second
Do you keep a record of how often you utilize weed?	these weed control methods, i.e.,	The state of tiends when you cultivate or flame the state of the stat
List all weed management inputs used or inte	anded for use in the current season	
on Attachment B or a list in another format as		
currently certified by MDA, all inputs used during		
Sheet.		
USE OF RESTRICTED WEED MANAGEMENT	STRATEGIES:	☐ none used
If you use plastic or other synthetic mulches,	is the mulch removed at the end of	of the growing or harvest season?
☐ Yes ☐ No If no, why not?		
Do you use corn gluten?		☐ Yes ☐ No
Is the corn genetically modified?		☐ Yes ☐ No
If no, what verification do you have?		☐ Tes ☐ No
.,		
If you use soon based barbisides, list all area	o where used	
If you use soap-based herbicides, list all area	s where used.	
If you use newspaper or other recycled paper	for mulch, do you use paper with	glossy or colored inks? Yes No
EVALUATION:		
Rate the effectiveness of your weed manager	ment program: ☐ excellent ☐	satisfactory needs improvement
What changes do you anticipate?		
How do you monitor the effectiveness of you	r weed management program?	weed counts
observation of weed types comparise	• • • • —	
other (specify)		
How often do you conduct weed monitoring?	□ weekly □ monthly □ an	nually as needed other (specify)
Thom often do you donadot moca monitoring.	_ weekly _ monthly _ and	induity in de flocada in outlot (opcomy)
C. PEST MANAGEMENT PLAN:		☐ No pest problems
What are your problem pests? insects (li	et)	☐ 140 beat broblettia
rodents gophers birds oth	·	
	iei aiiiiiais (specity)	□ Voc □ No
Do you work with a pest control advisor?		☐ Yes ☐ No
If yes, give name and contact information.		

What strategies do you use to control pest damage to crops?
☐ crop rotation ☐ selection for plant species/varieties ☐ development of habitat for natural enemies
☐ timing of planting ☐ companion planting ☐ frog ponds ☐ bat houses ☐ bird houses ☐ hand picking
☐ monitoring ☐ trap crops ☐ physical barriers ☐ physical removal ☐ traps ☐ lures ☐ IPM
☐ insect repellents ☐ animal repellents ☐ release of predators/parasites of pest species
use of approved products use of restricted products limited use of prohibited products
other (specify)
Do you keep a record of how often you utilize these pest control methods, i.e., dates when you scout or apply inputs to a
specific field or crop?
List all pest control inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field History Sheet. Not applicable
EVALUATION:
Rate the effectiveness of your pest management program? excellent satisfactory needs improvement
What changes do you anticipate?
ger ar year anni-pare
How do you monitor the effectiveness of your pest management program? insect monitoring with traps
□ observation of crop health □ comparison of crop yields □ crop quality testing □ monitoring records kept
other (specify)
Attach copies of your test results, if applicable.
How often do you conduct pest monitoring? weekly monthly annually as needed
other (specify)
D. DISEASE MANAGEMENT PLAN:
What are your problem crop diseases?
What disease prevention strategies do you use? ☐ crop rotation ☐ field sanitation ☐ plant spacing
What disease prevention strategies do you use? ☐ crop rotation ☐ field sanitation ☐ plant spacing ☐ selection of plant species/varieties ☐ timing of planting/cultivating ☐ vector management ☐ soil balancing
☐ selection of plant species/varieties ☐ timing of planting/cultivating ☐ vector management ☐ soil balancing
 □ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing □ solarization □ companion planting □ compost/tea use □ use of approved materials
□ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing □ solarization □ companion planting □ compost/tea use □ use of approved materials □ use of restricted materials □ limited use of prohibited materials □ other (specify) D. DISEASE MANAGEMENT PLAN: (continued)
 □ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing □ solarization □ companion planting □ compost/tea use □ use of approved materials □ use of restricted materials □ limited use of prohibited materials □ other (specify)
□ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing □ solarization □ companion planting □ compost/tea use □ use of approved materials □ use of restricted materials □ limited use of prohibited materials □ other (specify) D. DISEASE MANAGEMENT PLAN: (continued) List all disease management inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field
selection of plant species/varieties
selection of plant species/varieties timing of planting/cultivating vector management soil balancing solarization companion planting compost/tea use use of approved materials use of restricted materials limited use of prohibited materials other (specify) D. DISEASE MANAGEMENT PLAN: (continued) List all disease management inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field History Sheet. EVALUATION:
selection of plant species/varieties
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selection of plant species/varieties
□ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing □ solarization □ companion planting □ compost/tea use □ use of approved materials □ use of restricted materials □ limited use of prohibited materials □ other (specify) D. DISEASE MANAGEMENT PLAN: (continued) List all disease management inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field History Sheet. EVALUATION: □ Not applicable Rate the effectiveness of your disease management program? □ excellent □ satisfactory □ needs improvement What changes do you anticipate? How do you monitor the effectiveness of your disease management program? □ soil testing □ microbiological testing □ observation of soil □ observation of crop health □ comparison of crop yields
selection of plant species/varieties
selection of plant species/varieties timing of planting/cultivating vector management soil balancing solarization companion planting compost/tea use use of approved materials use of restricted materials limited use of prohibited materials other (specify) D. DISEASE MANAGEMENT PLAN: (continued) List all disease management inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field History Sheet. Not applicable EVALUATION: Rate the effectiveness of your disease management program? excellent satisfactory needs improvement What changes do you anticipate? How do you monitor the effectiveness of your disease management program? soil testing microbiological testing observation of soil observation of crop health comparison of crop yields crop quality testing monitoring records kept other (specify) Attach copies of your test results, if applicable.
selection of plant species/varieties
selection of plant species/varieties timing of planting/cultivating vector management soil balancing solarization companion planting compost/tea use use of approved materials use of restricted materials limited use of prohibited materials other (specify) D. DISEASE MANAGEMENT PLAN: (continued) List all disease management inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on Attachment B. If not currently certified by MDA, all inputs used during the current year and previous three years must also be listed on the Field History Sheet. Not applicable EVALUATION: Rate the effectiveness of your disease management program? excellent satisfactory needs improvement What changes do you anticipate? How do you monitor the effectiveness of your disease management program? soil testing microbiological testing observation of soil observation of crop health comparison of crop yields crop quality testing monitoring records kept other (specify) Attach copies of your test results, if applicable.
selection of plant species/varieties

A. ADJOINING LAND USE:

NOP RULE requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes crop land, pastures, residential property, fallow land, etc. Buffer areas may change annually, depending on contamination potential from adjoining land uses. The width of the minimum buffer is dependent on certifying agent policy. The NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended

contact by prohibited substances applied to adjacent land areas. Crops within the required buffer must be left unharvested or harvested, stored, and disposed of as a nonorganic crop, with records kept of crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps.									
List specific buffer areas you maintain. (Show all adjoining land uses and buffer areas on your field maps.)									
LOCATION OR FIELD NUMBER	Type of Buffi (CROP LAND, TREE HEDGEROW, WILE PLANTING, GRASS	ER ELINE, WIDTH OF DLIFE BUFFER	IF CROP IS HARVESTED FROM BUFFER,						
A. ADJOINING LA	ND USE:								
to protect organic	sted from the buffer zon crops from contact wit	th buffer crops du	ring harves	st?	organic cro _l	os, what safegu	uards do you use		
Written notification	afeguards do you use to on to:	artments		ies 🗌 aer	ial spray con other (speci	-	none		
Have you posted "No Spray" signs along roadsides that adjoin organic fields? Do any fields or portions of fields flood frequently? (more than once every ten years) If yes, list field numbers How do you monitor for crop contamination? visual observation residue analysis GMO testing photographs wind direction/speed data other (specify)									
How often do you other (specify	conduct crop contamii	nation monitoring?	? 🗌 wee	kly 🗌 mo	nthly 🗌 aı	nnually 🗌 as	needed		
Do you grow the s	same crops organically	. as well as in trans	sition. and	or conventi	onally?	☐ Ye	s □ No		
	lel production'. If yes, lis				<u>-</u>	and transitional	/conventional		
If you grow any co	onventional or transitio	nal crops, please f	ill out the	following ta	bles.	Пи	ot applicable		
SPECIFIC CROPS/VARIETIES	FIELD NUMBERS	TRANSITIONAL (T) OR CONVENTIONAL (C)	CHECK IF GMO (>)	TOTAL ACREAGE	PLANNED (SALE, SEE	USE OF CROP D, NONORGANIC K FEED, ETC.)	SAME AS ORGANIC CROP? Y OR N		
conventional crop		<u>-</u>							
All herbicides/pesticides used on conventional crops must be listed on Attachment B. For compliance with the rule column indicate conventional crop.									
C. EQUIPMENT:									
prohibited materials	gling and contamination, s, Equipment used for bo p records of equipment of	th organic and non-	organic far						
List equipment us	ed for planting, tillage,	spraying, and har	vesting.			N	ot applicable		

EQUIPMENT NAME	OWNED (O), RENTED (R), OR CUSTOM (C)	CHECK IF USED ON BOTH ORGANIC AND CONVENTIONAL (V)	HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?			
Is your equipment maint	ained so that fuel, oil a	and hydraulic fluid do not leak?	∕es ☐ No ☐ Not applicable			
If you use a sprayer:						
What type?		Did you purchase it nev	w or used?			
Other equipment:						
If yes, describe:	ou use nave been conta	minated by previous uses?	☐ Yes ☐ No			
D. HARVEST:	and (2) requires that can	tainara hina and nagkaging materials must re	at contain a with atia functional			
		tainers, bins, and packaging materials must n is must be thoroughly cleaned and pose no ris				
How are your organic cr Are any organic crops or	=	nechanical	☐ Yes ☐ No			
If yes, provide name an	d address of custom ha	rvester.				
Describe steps taken to	protect organic crops	from commingling and contamination dur	ng harvest.			
What containers are use	d for harvesting?	gravity wagons/boxes	cardboard/waxed boxes			
wooden totes		other (specify)	,			
Are containers new or use If used, what did they co		sed				
ii useu, what did they of	ontain phor to organic us	oe:				
Are the containers used			☐ Yes ☐ No			
Describe potential conta	mination or commingl	ing problems you have with harvest of org	ganic crops. none			
E. POST-HARVEST HAN			☐ Not applicable			
		et handling procedures do not contaminate org may need to complete an Organic Handling F				
Describe your post-harv	est handling procedur	es and equipment.				

Is the processing area and equipment used for both organic and non-organic products? If yes, describe steps taken to prevent commingling and contamination.									
Does packaging present any contamination problems for your organic products? ☐ Yes☐ No If yes, what are they?									
Check types of packaging material used:									
F. CROP STORAGE: Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained.									
STORAGE ID#	STORAGE ID # TYPE OF CROPS STORED TYPE OF STORAGE CAPACITY/SIZE ORGA TRANSITION/ (B), CONVE								
Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops? Yes No If yes, how do you segregate organic crops from non-organic crops? How do you clean storage units prior to storage of organic crops?									
How do you prevent/co	entrol insect pests in crop	o storage areas?	□ No	o insect problems					
How do you control roo	dents in crop storage are	as?	□ No	rodent problems					
What stored crop inputs have you used in the last three years? none synthetic fumigants rodenticides sprouting inhibitors ripeners growth regulators preservatives oils coloring agents waxes other (specify) Are any stored crop inputs used or planned for use on organic crops? Yes No									
G. TRANSPORTATION: Who is responsible for arranging transportation of organic products?									
Describe how organic products are transported.									
What potential contamination or commingling problems do you have with the transport of organic crops?									

What steps are taken to protect the in	tegrity of organic products de	uring transport?	
dedicated organic only inspe	* '		
use of Clean Truck Affidavits		ompany stating organic requiren	
SECTION 8: Record Keeping System			NOP Rule 205.103
The NOP Rule requires that records di demonstrate compliance with the NOP produced/harvested. All records must	Rule. Organic products must b	e tracked back to the field/locat	
A. RECORDS: Please have these re-	cords available for the inspecto	r.	
Which of the following records do y	ou keep for organic producti	on?	
☐ field maps			
field activity log(s)			
field history sheets (previous thr	· ·		
documentation of previous land			
input records for soil amendmen			ep all labels)
documentation of attempts to so	*	iting stock	
documentation of organic seedli	ngs		
compost production records	scup tosts, water tests, quality t	acts absorvations)	
monitoring records (soil tests, tisequipment cleaning records	sole lesis, water lesis, quality i	esis, observations)	
harvest records that show field r	numbers date of harvest and h	narvest amounts (including custo	om harvest records)
☐ label records	ramboro, acto or narvoot, and r	iai voot amounto (molaamg ouote	in narvost roostas)
storage records that show storage	ge location, storage identification	on, field numbers, amounts store	ed, and cleaning activities
clean transport records			
sales records (purchase order, o	contract, invoice, cash receipts,	cash receipt journal, sales journ	nal, etc.)
shipping records (scale ticket, de	ump station ticket, bill of lading)	
☐ Transaction Certificates			
audit control summary			
☐ complaint log			
other (please specify)			
How long do you keep your records		describer 0	□ Net soutisette
Which of the following records do y		<u> </u>	☐ Not applicable
field maps	☐ labor records☐ storage records		
☐ field history sheets☐ input records	☐ storage records	shipping records	
Input records	sales records		
B. MARKETING:			
Type of Marketing:			
farmers market direct to	retail CSA/subscription se	ervice wholesale on-f	arm retail
bulk commodities to processo	·	ng System	
NOP Rule 205.103 contract to buyer	other (specify)		
SECTION 9: LABELING		NOP Ru	le 205.300 to 205.311
All labels for organic products must meet	the requirements of the NOP :	and be submitted to MDA prior to	o use for approval.
Do you use labels on your organic produ	ct? Yes No If yes, att	ach copies of all labels you plan	to use.

SECTION 10: Affirmation

I AFFIRM THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. NO PROHIBITED MATERIALS HAVE BEEN APPLIED TO ANY OF MY ORGANICALLY MANAGED FIELDS DURING THE THREE-YEAR PERIOD PRIOR TO PROJECTED HARVEST OR IF TRANSITIONAL I HAVE PROVIDED THE MOST RECENT DATE A PROHIBITED MATERIAL WAS APPLIED. I UNDERSTAND THAT THE OPERATION MAY BE SUBJECT TO UNANNOUNCED INSPECTION AND/OR SAMPLING FOR RESIDUES AT ANY TIME AS DEEMED APPROPRIATE TO ENSURE COMPLIANCE WITH THE ORGANIC FOODS PRODUCTION ACT OF 1990, THE NATIONAL ORGANIC PROGRAM RULE AND OTHER APPLICABLE STANDARDS OR REQUIREMENTS. I AGREE TO PAY ALL COSTS AND FEES ASSOCIATED WITH THIS PROGRAM. I UNDERSTAND THAT I MUST NOTIFY THE MDA ORGANIC CERTIFICATION PROGRAM IF I INTEND TO MAKE MODIFICATIONS TO PRODUCTS, PROCESSES OR SYSTEMS WHICH COULD AFFECT THE COMPLIANCE OF THE PRODUCT WITH THE REQUIREMENTS OF THE APPLICABLE STANDARDS OR REGULATIONS AND CANNOT SELL OR DISTRIBUTE THE AFFECTED PRODUCTS UNTIL APPROVAL IS RECEIVED FROM THE MDA ORGANIC CERTIFICATION PROGRAM.

I UNDERSTAND IF I (A) KNOWINGLY SELL OR LABEL A PRODUCT AS ORGANIC, EXCEPT IN ACCORDANCE WITH THE ACT, I SHALL BE SUBJECT TO CIVIL PENALTY OF NOT MORE THAN \$10,000 PER VIOLATION; (B) MAKE A FALSE STATEMENT UNDER THE ACT TO THE SECRETARY, A GOVERNING STATE OFFICIAL, OR AN ACCREDITED CERTIFYING AGENT, I SHALL BE SUBJECT TO THE PROVISIONS OF SECTION 1001 OF TITLE 18, UNITED STATES CODE.

I understand that except for operations exempt or excluded in the NOP §205.101, each production or handling operation or specified portion of a production or handling operation that produces or handles crops, livestock, livestock products, or other agricultural products that are intended to be sold, labeled, or represented as "100 percent organic," "organic," or "made with organic (specified ingredients or food group(s))" must be certified according to the provisions of subpart E of the NOP and must meet all other applicable requirement of this part and submission of this plan in no way implies granting of certification by the MDA Organic Certification Program certifying agent.

I understand that I am required to surrender my certificate and can no longer sell or label products as certified by the MDA if: I withdraw from the program; my certification is not continued for failure to submit an annual update or fees; or any other reason in accordance with the NOP.

Signature of Applicant	Date				
Signature of Applicant	Date				
I have attached the following documents: ☐ Partnerships and\or corporations\LLC's names of the officers and the ☐ Maps of all parcels/fields (showing adjoining land use and field identific ☐ Field history sheets or Land use affidavits ☐ Soil and/or plant tissue residue tests. ☐ Soil analysis – required every three years to monitor soil improvement ☐ Input product labels and /or MSDS sheets (including seed information ☐ Organic product labels, if applicable. Approval required.	t. /non-GMO affidavits)				
☐ I have made copies of this questionnaire and other supporting docume Submit completed certification application	•				
Maryland Department o					
Organic Certification Program					
50 Harry S. Truman	Parkway				
Annapolis, MD 2	21401				

Submit fees and MDA Certified Producers and Handlers Remittance Form to:

Application fee: \$500 Non Refundable after inspection

Via USPS:

Maryland Department of Agriculture P.O. Box 17304
Baltimore, Maryland 21297-1304

Other Carriers:

First Data/Remitco Attn: Maryland Department of Agriculture 400 White Clay Center Drive Newark, Delaware 19711

FIELD HISTORY SHEET - NEW FIELDS

Legal Description of Property (address, parcel, acreage):

<u>Instructions</u>: Fill out this Field History Sheet for all fields (organic, transitional, and conventional). A separate form must be completed for each location. You can use your own form as long as it contains the same information. List all inputs used, including compost and/or manure and other inputs approved for use in organic production. Inputs that have already been applied must include the rate and date of application. Keep copies for your files. This form should accompany your Organic Farm Plan (Application). This form can be used instead of the land use affidavit form if you managed the fields.

Code: O = Organic; T = In Transition/Conversion to Organic; C = Conventional

Applicant Name

Code	Code Field No. Acres\sq ft.		Year			Year			Year		
Code			Crop	Inputs	Date & Application Rate Inputs	Crop	Inputs	Date & Application Rate Inputs	Crop	Inputs	Date & Application Rate Inputs

, declare that the parcel(s) of land described above were farmed by me or were under my control
ame of person responsible for management of the land during the specified time period)
ring the crop years of to
ubmit that the above is true and accurate on this date of
ame (printed):
gnature:

APPENDIX A – Inputs - Seeds, Annuals and Planting Stock

Certification Number Name

A PRODUCER MUST USE ORGANICALLY GROWN SEEDS, ANNUAL SEEDLINGS AND PLANTING STOCK EXCEPT: UNTREATED SEEDS AND PLANTING STOCK MAY BE USED WHEN AN EQUIVALENT ORGANICALLY PRODUCED VARIETY IS NOT COMMERCIALLY AVAILABLE. LIST ALL SEEDS, ANNUALS AND/OR PLANTING STOCK (RHIZOMES, SHOOTS, LEAF OR STEM CUTTINGS, ROOTS, TUBERS, PERENNIAL PLANTS, ETC.) USED OR PLANNED FOR USE IN THE CURRENT CROP SEASON, INCLUDING ANY USED IN NON ORGANIC FIELDS IF YOU ARE PLANTING THE SAME CROP ORGANICALLY. IF A GMO OR TREATED SEED, ANNUAL OR PLANTING STOCK IS USED IN A NON ORGANIC FIELD, INDICATE CONVENTIONAL CROP UNDER REASON FOR USING NON ORGANIC. FOR ORGANIC PRODUCTION, YOU MUST USE ORGANIC SEEDS AND/OR PLANTING STOCK UNLESS IT IS NOT COMMERCIALLY AVAILABLE WITH THE CHARACTERISTICS YOU REQUIRE. YOU MUST DOCUMENT YOUR SEARCH FOR ORGANIC SEED AND PLANTING STOCK. ANNUALS MUST BE ORGANIC. IF YOU PRODUCE YOUR OWN SEED, PLANTING STOCK OR ANNUALS, INDICATE UNDER SOURCE BELOW AND KEEP RECORDS OF YOUR PRODUCTION. NON ORGANIC PERENNIALS MAY BE USED BUT THE CROP WILL NOT BE CONSIDERED ORGANIC UNTIL MANAGED ORGANICALLY FOR ONE YEAR. CHECK THE APPROPRIATE BOXES AND PROVIDE OTHER INFORMATION AS NEEDED. ATTACH ADDITIONAL SHEETS IF NECESSARY. HAVE ALL LABELS, RECEIPTS AND DOCUMENTATION OF

SEARCH FOR ORGANIC SEED AND/OR PLANTING STOCK AVAILABLE FOR THE INSPECTOR.

Annuals, Planting Stock or Seed Variety/Brand	Source	If Organic LIST CERTIFIER	Untreated (✓)	Treated (✓)	Type/Brand of Treatment Fungicide Inoculant		Reason for using non organic seed or planting stock
					Fungicide II	loculant	
						+	

APPENDIX B – Inputs – Fertility Products; Soil Amendments; Potting Soil Mixes; Disease, Pest and Weed Management All inputs used in your operation must be listed on this form or a list in a different format that includes all required information. All inputs must be approved by MDA prior to use. If you are using a restricted or prohibited input on a conventional field, put conventional field and the identification number in the NOP compliance column. After MDA has reviewed your inputs, you will receive an approval/disapproval letter. You must include the complete name of the product for MDA to review. If the product is not OMRI approved, you must submit a label or MSDS for MDA to begin the review process.

Certification Number Name

COMPLETE NAME OF PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED OR PROHIBITED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	REASON FOR USE