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FOOD QUALITY ASSURANCE PROGRAM

(410) 841-5769 FAX (410) 841-2750

Registration Affidavit -- Exempt Producer

Must be filed annually to maintain listing on MDA's website and in MDA Brochure

I. General Information

Today's Date Please Enclose Registration Fee: \$30

- 1. Farm Name: 2. Owner Name:
3. Farm Mgr Name (s) (if different than owner): 4. Contact person for application:
5. Mailing Address:
6. Farm Production Address (if different): 7. County
8. Phone (home): (business):
Cell): (fax):
9. Email: Website:

II. Criteria for "Exempt Operations"

National Organic Program: § 205.101 Exemptions and exclusions from certification

(a) Exemptions. (1) A production or handling operation that sells agricultural products as "organic" but whose gross agricultural income from organic sales totals \$5,000 or less annually is exempt from certification under subpart E of this part and from submitting an organic system plan for acceptance or approval under § 205.201 but must comply with the applicable organic production and handling requirements of subpart C of this part and the labeling requirements of § 205.310. The products from such operations shall not be used as ingredients identified as organic in processed products produced by another handling operation.

c) Any operation that: (1) Knowingly sells or labels a product as organic, except in accordance with the Act, shall be subject to a civil penalty of not more than \$10,000 per violation. (2) Makes a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code.

I affirm that my gross agricultural income from organic sales is \$5,000 or less per year

III. Organic Management Fundamentals Adherence

Review and affirm your compliance with the following list of fundamental organic management principles that must be followed to represent your products as organic. If the question does not apply to any crop you are producing, indicate not applicable (N/A).

- I affirm that my fields from which harvested crops will be sold, labeled or represented as organic have had no prohibited substances applied to them within the last 3 years
I affirm all organic products are produced and handled without the use of ionizing radiation, GMO's, sewer sludge, and/or cloning.
I am maintaining distinct buffer zones around my organic production areas to protect my crops and fields from unintended contact with prohibited materials that can result from adjoining land that is not under organic management

- _____ I am managing soil and nutrients to maintain or improve physical, chemical, and biological condition of the soil, minimize soil erosion, and in a manner that does not contribute to the contamination of crops, soil, or water
- _____ I am searching for certified organic seed first and documenting my efforts according to the commercial availability rules described in the guidance provided entitled “Navigating the NOP -- Crops”
- _____ I am purchasing only certified organic annual transplants and planting stock that meets the requirements of the NOP.
- _____ I am managing the production of compost used in my operation according to the NOP or I am following the manure application/harvest date rule as described in the guidance provided entitled “Navigating the NOP -- Crops”
- _____ I am using only pest management tools and soil amendments that meet the requirements of the National Organic Program and the Maryland Department of Agriculture according to the guidance provided in “Navigating the NOP -- Crops”. I have completed Section IV “Inputs”. While it is true that as a ‘exempt’ operation, you are not required to submit plans for your operation, it is expected that you will evaluate your inputs with the same rigor as a certified operation.
- _____ I am monitoring the effectiveness of my Organic Farm Plan and the management of my natural resource stewardship, weeds, pests and diseases in my operation.
- _____ I affirm all livestock represented as organic is managed organically in accordance with the NOP from the last third of gestation.
- _____ I affirm all poultry or poultry products represented as organic are managed organically in accordance with the NOP from two day old chicks.
- _____ I affirm any dairy products represented as organic are from animals managed organically in accordance with the NOP.
- _____ I affirm all livestock and poultry are fed only organic feed.
- _____ I affirm all livestock and poultry are housed and given access to the outdoors in accordance with the NOP.

IV. Recordkeeping

The NOP Rule requires that records disclose all inputs, activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested. All records must be accessible to the inspector. If applicable to your operation, the following records must be available if audited for compliance. Indicate with a check mark all records you are maintaining.

- _____ Soil test. Best management practice - soil tests should be done at least once every 3 years
- _____ Material Safety Data Sheets (MSDS) for all pest management materials
- _____ receipts/bills of lading for all inputs (or in-kind trades)
- _____ field activity logs or journals and crop, soil, and natural resource health monitoring observations
- _____ input records for soil amendments, seeds, manure, foliar feeding, pest management materials (can be part of your field activity logs and field histories)
- _____ compost production records
- _____ field history sheets for previous 3 years
- _____ documentation of efforts to source organic seed
- _____ documentation of organic seedlings and/or planting stock
- _____ equipment cleaning records (can be part of field activity logs)
- _____ harvest records that show field numbers, date of harvest and harvest amounts (can be part of your field activity records)
- _____ storage records that show storage location, storage identification, field numbers, amount stored, inventory control, and cleaning activities
- _____ clean transport records
- _____ sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal) showing your ID system
- _____ organic certificates, transaction certificates
- _____ documentation of communication with managers of adjoining land that pose contamination risk

V: Organic Farm Products

Type	Enter number of animals						
	O	T	C	Type	O	T	C
Cows – Total				Goats – Total			
Meat		N/A		Meat		N/A	
Dairy				Dairy			
Breeding Stock				Breeding Stock			
Replacement Stock		N/A		Replacement Stock		N/A	
Hogs/Pigs – Total		N/A		Chickens-Meat		N/A	
Meat		N/A		Chickens-Layer		N/A	
Breeding Stock		N/A		Turkeys		N/A	
Replacement Stock		N/A		Other Poultry – list type		N/A	
Sheep – Total							
Meat		N/A					

Dairy				Other Livestock – list type			
Breeding Stock							
Replacement Stock		N/A					
Wool							

Crops produced organically	Field numbers	Total acres per crop	Projected yields (volume)
Grains			
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			
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)			

Describe any changes you have made or intend to make based on the results of your monitoring program.

B. Rate the effectiveness of your natural resource management program

Excellent Satisfactory Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

C. Rate the effectiveness of your weed management program

Excellent Satisfactory Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

D. Rate the effectiveness of your pest management program

Excellent Satisfactory Needs Improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

E. Rate the effectiveness of your disease management program

Excellent Satisfactory Needs Improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

VIII. Affirmation & Signature

I affirm that all statements made in this application are true and correct. I adhere to the management practices set forth under the certification program and affirm that no prohibited products have been applied to any of my organically managed fields. I understand that I cannot represent my products as “certified organic”. I can only represent my products as “organic”. I understand that products from an exempt production operation cannot be used as ingredients identified as organic in processed products produced by a certified handling operation. 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 (OFPA) and National Organic Program Rules and Regulations. I agree to pay all costs and fees associated with this program.

I understand that if I (1) knowingly sell or label a product as organic, except in accordance with the Act, I shall be subject to a civil penalty of not more than \$10,000 per violation; (2) 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.

Applicant's signature

Date

Applicant's signature

Date

No person or operation shall be excluded from participation in or denied the benefits of the National Organic Program due to discrimination because of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.