



Food Quality Assurance Program
 Maryland Department of Agriculture
 P.O. Box 17304
 Baltimore, Maryland 21297-1304
 PHONE: 410-841-5769

PCA 23403 OBJ 6801
Date Recd _____
Amount Recd _____

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.

APPLICANT NAME		FARM NAME	
WOULD YOU LIKE TO RECEIVE COST SHARE REIMBURSEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, please complete the following:			
NAME OF PAYEE - Must be same as person or business paying certification fees and match the 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 NUMBER FOR PAYEE	
LOCATION ADDRESS, IF DIFFERENT THAN MAILING		DATE OF CERTIFICATION COSTS	

Calculate your reimbursement:

Example: If your certification costs were \$500, you will receive 75% reimbursement, which would be \$375.00. If your certification costs were \$1,500, 75% would equal \$1,125 you will receive \$750.00, as that is the maximum you may be reimbursed.

Certification fees paid = \$ _____	X 75% (0.75) = \$ _____	(Maximum \$750.00)
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Signature of Applicant(s) _____ Date _____

To apply for reimbursement, complete this application, and if certified by MDA, include with your organic certification application and fee. If not certified by MDA, submit with a copy of the receipt for your certification fees from your accredited certifier and provide the number of certified acres, if applicable. Acres certified _____

Administrative Use Only:	
Date Application Received: _____	Amount of reimbursement issued: \$ _____
Date Check/Receipt Received: _____	Check Amount: \$ _____
Check # _____	
Action Taken:	
Approved _____	Denied: _____
By: _____	Date: _____
Date Payment Processed: _____	

MAIL APPLICATION TO:

**MARYLAND DEPT 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**

For office use only

Date Application received

Date Check recd, ck no, amt

**Fee: \$500 – Nonrefundable after inspection conducted
Organic System Plan Annual Update for Certification Effective 2019
Must be Postmarked by 5/30/2018**

SCOPE: CROP

This form must be filled out by MDA certified crop and pasture producers to update their organic farm system plans per the NOP §205.201. Attach updated farm maps, labels and other records as appropriate. Appendix A and Appendix B must be submitted with your update. This form must be signed.

SECTION 1: General Information**NOP §205.406(a)(2) and §205.401(b)**

Applicant Name & Title		Farm Name			
Owner's Name (if different from Applicant)			Date		
Mailing Address		City		State	Zip
Phone	Fax		E-mail Website		
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify Unless already on file and no changes, Partnerships must submit the names of all partners owners; Corporations and LLC's must submit names of the officers and the name and address of registered agent.					Organic Certification No.
Requested product listing for MDA Certified Operations Directory:					
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		Do you have a copy of the current NOP standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					
Check the box that describes your production systems: <input type="checkbox"/> All Organic Production <input type="checkbox"/> All Organic/Transitional Production <input type="checkbox"/> Organic and Conventional Production					
Do you intend to certify any livestock or poultry this year? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, you must complete the MDA Livestock Organic System plan application.					
Do you process any products that will be sold as organic (Includes produce cut up, salad mixes, jams, jellies, breads, animal feed, ground grains, flours)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must complete and submit an MDA OSP <i>Organic Processing/Handling Plan Questionnaire</i> .					

SECTION 2: Conditions of Certification/ Minor Noncompliances**NOP §205.406(a)(3)**

Did you have any conditions of certification or minor non compliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please complete the following table, listing each condition of certification or minor non-compliance.	
Condition of Certification or Minor Noncompliance	Describe how you addressed the condition of certification or minor noncompliance.

SECTION 3 LAND USE AND CROPS

PLANNED LAND USE	FIELD NUMBERS	INDICATE ORGANIC, TRANSITIONAL OR CONVENTIONAL	TOTAL ACRES PER OR SQUARE FEET PER CROP	PROJECTED YIELDS (VOLUME)
Grains				
Corn				
Wheat				
Oats				
Barley				
Spelt				
Rye				
Other Grains				
Beans				
Soybean				
Other Beans				
Hay, Silage, Pasture				
Alfalfa/Alfalfa Mix				
Grass				
Other				
Fruits/Vegetables				
Potatoes				
Tomatoes				
Lettuce				
Carrots				
Mixed Veg. ≤ 5 ac.				
Mixed Veg. > 5 ac.				
Herbs				
Other Vegetables				
Tree Nut				
Apples				
Grapes				
Other Fruits				
Miscellaneous				
Cut Flowers				
Greenhouse for own use				
Greenhouse for sale of Transplants				
Cover Crops/Idle				
Other Land				
Totals				

Complete all information for all parcels including the complete address and number of acres – organic, conventional, transitional. Land Use Affidavits signed by the person responsible for the management of the property establishing the date of the last application of NOP prohibited substances and all field history and inputs since that date must be submitted for all new fields for which you are requesting certification. This information can also be provided on MDA_DOC_059 Parcel Information excel spreadsheet available on MDA website.

FIELD NUMBERS	COMPLETE PARCEL ADDRESS/ LEGAL DESCRIPTION	NUMBER OF ACRES: ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)			RENTED (R) OR OWNED (O)
		O	T	C	
Example MDA 1,2,3	50 Harry S. Truman Pkwy Annapolis, MD 21401	15 acres			O

Annual Summary of Organic Crop Yield and Sales **NOP §205.103**

The following organic crops/products have been sold from _____ (date) to _____ (date).

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Section 4 Organic System Plan

A. Organic System Farm Plan Updates §205.406(1)(i)(ii) and (2)

What year did you last submit a complete Organic System Farm Plan?

Have you reviewed your Organic System Farm Plan? yes no Date of review:

Check the following categories where changes/deletions/additions have been made in your Organic System Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. No changes

Farm Plan Topic	Summary Statement of Changes/Deletions/Additions
<input type="checkbox"/> General information	
<input type="checkbox"/> Transitional, purchased or rented fields since the last update Three Year Field History Sheets/Maps must be submitted. Affidavit for field history from previous land owners/managers required if the land has not been under your management for three years.	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seeds, Annual Seedlings, Annual Planting Stock, Perennials	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

B. §205.200 Natural Resources and Biodiversity Conservation Note: Requires operations to “maintain or improve the natural resources of the operation, including soil and water quality.” §205.2 Terms Defined “Natural Resources of the operation. The physical, hydrological, and biological features of a production operation, including soil, water, wetlands, woodlands, and wildlife.” The Organic System Plan must describe or list activities (plans, practices and enhancements) that explain how it will comprehensively conserve biodiversity by maintaining or improving all natural resources, including soil, water wetlands, woodlands, and wildlife. Some conservation and biodiversity practices may be detailed in other sections of this OSP such as crop rotation; soil fertility; and crop pest, weed, and disease management practices. Producers are also required to monitor for the effectiveness of their conservation programs. See the NOP Program Handbook NOP 5020 Guidance Natural Resources and Biodiversity Conservation for more details.

Do you participate in USDA Natural Resources Conservation (NRCS) programs? Yes No

Do you have a conservation plan? Yes No

Please indicate below any of the Natural Resources and Biodiversity Conservation practices you are using

Soil Composition

Adding organic matter through the diversity of crops and inputs, to the soil to increase the diversity of soil organisms and to improve nutrient cycling, competitive exclusion of plant pathogens, long-term storage of soil carbon, and adaption to extreme climatic conditions and water holding capacity.

Conserving and restoring forest, shrublands, woodlands, grasslands, riparian areas and wetland areas, which sequester carbon in soils and aid in cycling soil nutrients.

Soil Stability and Water Quality

Creating, conserving, and restoring vegetative covers (forests, shrublands, woodlands, grassland, riparian areas, and wetland areas) that control erosion and filter nutrient, pesticide, and pathogen pollutants. Minimizing disturbances, maximizing diversity, living roots and cover.

Using no-till or permanent cover, conservation tillage, terracing, contour farming, micro-irrigation, windbreaks, cover crops, grass waterways and soil health practices.

Water Quantity

Using water conservation techniques that save water for crops, livestock, wildlife, and riparian ecosystems.

Choosing crops and other plants that are appropriate for the climate and landscape with water conservation in mind.

Using suitable irrigation systems and schedules and monitoring them for water conservation.

Conserving or restoring forests, shrublands, woodlands, grassland, riparian habitat, and wetland areas that absorb and hold water for long periods as part of a healthy water cycling process.

Using managed systems to “bank” soil moisture if fields are drained using tiles.

Wildlife Benefits

Maintaining or improving diverse mixtures of plants to provide food, habitat, or shelter for pollinators, insects, spiders and other beneficial organisms such as arthropods, bats, and raptors.

Native Species and Natural Areas of the Operation

Conserving high conservation value areas that have outstanding biodiversity importance, or mitigating/restoring these areas elsewhere on the farm.

Conserving and restoring wildlife and native plant communities specific to the site (forests, shrublands, woodlands, grasslands, riparian habitat, and wetland areas).

Documenting rare, threatened and endangered terrestrial and aquatic plants and animals and ecologically at risk ecosystems and taking steps to protect them.

Conserving wildlife corridors and large blocks of habitat that reduce fragmentation.

Other Conservation Practices (Describe):

C. NOP §§205.103, 205.201, 205.205 Recordkeeping by Certified Operations: Recordkeeping system must be adapted to your business, fully disclose all activities and transactions of your operation and be maintained for not less than five years beyond their creation. The list is not inclusive but all records listed are required if they apply to your operation. Please indicate all records that you maintain or indicate N/A. Please be prepared to show all production, harvest and sales records at your inspection including those for non-organic crops if you produce both organic and non organic.

Purchase or acquisition records for all inputs (e.g., receipts, delivery tags, custom applicator invoices) N/A

Input application records that show all materials applied to soil, water and crops (e.g., fertilizer and soil inputs, pest management materials and post-harvest handling), including product name/formulation and manufacturer, application date, rate or quantity, crop and location N/A

Seed, seedling, and planting stock, inoculant or seed treatments; seed-saving/propagation records; documentation of commercial non-availability of organic seed/non-GMO status of seed N/A

Copies of organic certificates from suppliers (i.e., organic seedling or transplant producers) N/A

Planting and/or field activity records that show crop rotation, including cover crops/green manures N/A

Activity and/or observation records (i.e., field log, notes on calendar or maps) N/A

Manure use records showing interval between date of application and harvest date of crops grown for human consumption N/A

Compost production records (e.g., composting system, ingredients, C:N ratio, temperature, turnings) N/A

Monitoring records (e.g., soil or tissue tests, water tests, pest observation logs) N/A

Cleaning records (required if application or harvest equipment is not dedicated to organic) N/A

Harvest records (e.g., records showing location, crop, date harvested and transported from the field) N/A

Post-harvest activities (i.e., washing and grading product, bagging or boxing, etc.) N/A

Storage records (e.g., delivery/receiving tags showing facility location, crops, quantities, post-harvest activities and pest control) N/A

Shipping records (e.g., packing facility tags, delivery receipts, receiving documents, bills of lading) N/A

Sales records (e.g., invoices, purchase orders, grower statements, inventory lists) N/A

Others (describe):

D. §205.202 (c) Land Requirements

Describe your farm borders and adjacent land use (organic farms, fallow fields, CRP land, wild lands, non-organic crop or livestock production, residential use, etc.); landmarks such as buildings, farm or public roads; streams, rivers, ponds and other water bodies; field names, numbers and acreage; slopes; windbreaks, hedgerows or woodlands; physical barriers/buffer areas to prevent contamination by prohibited materials for each field/pasture **on an accurate map** that shows each field on the farm. An updated map is required to be provided if there have been any changes since your last map submission. If you are a ruminant livestock producer, the map must also include location, size and identification of pastures, location and types of permanent fences, feeding area(s) and location and source of water and shade.

E. NOP §§205.105, 205.203, 205.206, 205.601, 205.602 and 205.605 if inputs are used post harvest

Inputs (Fertility, Soil, Weed Control, Pest Control, Disease Control, Disinfectants, Detergents and Sanitizers)

List all inputs used or intended for use in the current season for crop production including organic, transitional and conventional production, harvest and post harvest on Attachment B or a list in another format as long as it includes all the information requested on **Attachment B**. You will be sent a MDA reviewed inputs list that will indicate whether the product is allowed, allowed with restrictions or prohibited. If you need to add inputs after submission of your annual update, they are required to be submitted to MDA for approval prior to use.

No inputs used

F. §205.203 Soil Fertility and crop nutrient management practice standard

Note: Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3). MDA requires a soil fertility test to be submitted at least once every three years to monitor for compliance with NOP §205.203.

Do you have a nutrient management plan? Yes No

What are the major practices of your soil-building/crop nutrient management plan? Please indicate below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Crop Rotation | <input type="checkbox"/> Incorporation of Crop Residue | <input type="checkbox"/> Green Manures |
| <input type="checkbox"/> Cover Crops | <input type="checkbox"/> Compost | <input type="checkbox"/> Manure |
| <input type="checkbox"/> Mined Lime | <input type="checkbox"/> Mulch | <input type="checkbox"/> Soil Inoculants |
| <input type="checkbox"/> Biodynamic Preparations | <input type="checkbox"/> Fertilizer Materials or blends | <input type="checkbox"/> Other (Describe): |

Describe and indicate how you monitor the effectiveness of your soil fertility and crop nutrient management plan

- | | | |
|---|---|--|
| <input type="checkbox"/> Soil Observation | <input type="checkbox"/> Soil Nutrient Tests | <input type="checkbox"/> Soil organic matter content |
| <input type="checkbox"/> Crop Observation | <input type="checkbox"/> Crop Yield Comparisons | <input type="checkbox"/> Crop Quality Tests |
| <input type="checkbox"/> Plant Tissue Tests | <input type="checkbox"/> Microbiological Tests | <input type="checkbox"/> Other (describe): |

Fertility Management Program

Rate the effectiveness of your fertility management program: excellent satisfactory needs improvement

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

How do your tillage and cultivation practices minimize soil erosion?

Do you apply raw manure? Yes No If yes, you must follow the requirements of §205.203 for application to land used for a crop for human consumption by incorporating into the soil 90 days prior to harvest for crops whose edible portion does not have direct contact with the soil surface or soil particles and 120 days prior to harvest for crops whose edible portion does have direct contact with the soil surface or soil particles.

Do you compost or purchase compost containing animal materials or table scraps? Yes No If yes, you must have documentation that the compost meets the requirements of §205.203(c)(2) available during your inspection.

G. NOP §§205.105 and 205.204 Seeds and Planting stock. Attachment A or your own form that includes all information requested on Attachment A is required to be submitted unless you have indicated none used for each category below. Cover crops that are not harvested are still required to be listed.

Seeds

No seeds used All seeds are certified organic Some non organic untreated seed used non organic seed treated with a substance included on the National list of synthetic substances allowed for use in organic crop production
 Treated with prohibited substance as a requirement of federal or state phytosanitary regulations No GMO seeds purchased/planted

If seeds are used, include all information on Attachment A

Note: Sprout production seed required to be certified organic.

Seed Sources Check all applicable sources

Save my own seed Provided through contract Seed Companies Other

Annual Seedlings

Note: Annual seedlings are required to be certified organic unless a temporary variance has been granted in accordance with §205.290(a)(2) or when the application of the materials is a requirement of Federal or State phytosanitary regulations.

No annual seedlings used All annual seedlings are certified organic Annual seedlings comply with temporary variance Annual seedlings treated with prohibited substance as a requirement of federal or state phytosanitary regulations

If annual seedlings are used, include all information on Attachment A

Annual Seedling Sources Check all applicable sources

Purchase Produce own Provided through contract Other

Planting stock (i.e. rhizomes, shoots, leaf or stem cuttings, roots, or tubers) for the production of annual crops

No annual planting stock used All certified organic annual planting stock Some untreated planting stock used non organic planting stock treated with a substance included on the National list of synthetic substances allowed for use in organic crop production No GMO planting stock purchased/planted

If planting stock for annual production is used, include all information on Attachment A.

Annual Planting Stock Sources Check all applicable sources

Purchase Produce own Provided through contract Other

Planting stock for production of perennial crops (e.g. trees, shrubs, vines)

Note: Nonorganically produce planting stock to be used to produce a perennial crop cannot be represented as organically produced until the planting stock has been maintained under a system of organic management for at least one year

No planting stock for perennials used All perennial planting stock is certified organic Untreated perennial planting stock used Non organic planting stock treated with a substance included on the National list of synthetic substances allowed for use in organic crop production Planting Stock treated with prohibited substance as a requirement of federal or state phytosanitary regulations No GMO planting stock purchased/planted

If planting stock for perennial production is used, include all information on Attachment A.

Perennial Planting Stock Sources Check all applicable sources

Purchase Produce own Provided through contract Other

Documentation of compliance with §205.204 is required to be available during your inspection if any non organic seeds or planting stock are used (e.g. commercial availability search, one year of organic management for non organic perennial planting stock, etc.)

H. NOP §205.205 Crop Rotation Practice Standard

Note: Requires a product to implement a crop rotation including but not limited to sod, cover crops, green manure crops, and catch crops that provide the following functions that are applicable to the operation

- “(a) Maintain or improve soil organic matter content;
- (b) Provide for pest management in annual and perennial crops;
- (c) Manage deficient or excess plant nutrients; and
- (d) Provide erosion control.”

NOP §205.201(a)(3) requires monitoring by the producer for effective implementation of crop rotation plans. MDA requires submission of a three year crop rotation plan that addresses all of the requirements. Records documenting crop rotation on each field will be verified during your inspection and considered when evaluating whether your crop rotation plan is effective and when requests to use inputs with restrictions are received.

No changes to crop rotation plan previously submitted.

Describe your crop rotation plan(s) in general terms including its main goals (soil organic matter; weed and pest management; nutrient management; erosion; biological diversity). List the sequence and frequency of crops/plant families; cover crops; green manures; or sod. If you use more than one basic rotation sequence, describe each rotation you use. For perennial crops, describe management of ground cover, alley cropping, intercropping or hedgerows. This information can be provided here or on an attachment

Rate the effectiveness of your crop rotation program: excellent satisfactory needs improvement

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

I. NOP §205.206 Crop Weed, Pest, and Disease Management Practice Standard

Check the management practices you use to prevent crop pests, weeds, and diseases. Add the name of your significant (recurring or potentially problematic) diseases and pest types and any noxious weeds next to the prevention practice you are using to control.

Note: NOP §205.201(a)(3) requires monitoring by the producer for effective implementation

Pest Prevention Practice	Weeds	Pest	Diseases	Significant diseases, pest, noxious weeds
Crop Rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Soil and crop nutrient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cover crops/green manures/smother crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diversified plantings/planting arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitation measures to remove disease vectors, weed seeds, and pest habitat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Selection of suitable species/growing location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disease/pest/weed resistant varieties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timing of planting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water/irrigation management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical/physical means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Augment pest predators/parasites/beneficials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop habitat for natural enemies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Construct habitat for predators (raptor perches, owl or bat boxes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Nonsynthetic lures/traps/repellants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mechanical cultivation/tillage or handweeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mulching with biodegradable materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mowing or livestock grazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flaming, heat, steam or electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plastic or synthetic mulch/solarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burning of crop residue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If you burn crop residues, describe the crop, purpose location and timing of burning:				
Others (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe how and when you monitor the effectiveness of your pest, disease and weed management programs:				
Rate the effectiveness of your weed management program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program.				
Rate the effectiveness of your pest management program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program.				
Rate the effectiveness of your disease management program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program.				

§205.201(a)(3) Other Procedures and Monitoring: Indicate if you have procedures in place including the frequency they will be performed and monitor to verify that the procedure is effectively implemented in the following areas:

Maintaining Organic Integrity

yes no N/A Adjoining land uses, buffers, notification letters, posting signs

yes no N/A Input equipment cleaning (sprayers, planters, etc.)
Required if using for conventional and organic

yes no N/A Harvest equipment cleaning
Required if using for conventional and organic

yes no N/A Crop testing for contaminants (prohibited materials, GMOs)

yes no N/A Post harvest handling
Required if you produce both conventional and organic; also required if detergents, sanitizers, pest control used in post harvest handling

yes no N/A Crop storage cleaning
Required if using for conventional and organic; also required if detergents, sanitizers, pest control used in crop storage areas

yes no N/A Transportation of organic crops
Required if using for conventional and organic, transport of equipment or other materials; also required if detergents, sanitizers, pest control used in crop storage areas

Section 5 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 or continuation 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:

- Updated maps of all parcels/fields (showing information detailed in Section 4 D)
Required if changes made
- Documentation for fields owned or rented for less than three years, required if applicable
- Soil fertility test (NOP §205.203 Required by MDA every three years or more frequently if need to document compliance with NOP §205.601 restrictions)
- APPENDIX A - SEED, ANNUAL, PLANTING STOCK INPUTS – REQUIRED
- APPENDIX B – INPUT LIST – REQUIRED
- Organic product labels, required if applicable
- I have made copies of this form and other supporting documents for my own records.**

Submit completed certification application and supporting documents to:

Maryland Department of Agriculture
Organic Certification Program
50 Harry S. Truman Parkway
Annapolis, MD 21401

Application fee: \$500 Non Refundable after inspection is conducted

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

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

