**Organic Certification Program Land Use History Affidavit**

*Have the person that was responsible for the management of the field(s) fill out this Land Use History Affidavit for organic or transitional fields that have not been under your control for 3 or more years that you wish to add to your organic system plan.*

Applicant Name: Date:

I, , declare that the parcel(s) of land described below were

(Name of person responsible for management of the land during the specified time period)

farmed by me or were under my control during the crop years of to . I also declare that during this time, to the best of my knowledge, the list below or the attached field history sheets contain a complete list of all materials applied to this land during the specified time period.

Description of land parcels(s) by field #, section #, township, and county (or other regulatory description) and acreage:

If any materials (including those allowed by the NOP) were applied to any of these fields during the dates listed above, describe what was applied, the specific date of application, and field # or parcel.

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| Field# or Parcel | Material Applied | Date |
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I submit that the above is true and accurate on this date of

Name (printed):

Signature:

Name and signature should be the person responsible for the management of the land during the specified time period.