|  |
| --- |
|  **Section 1: General Information NOP §205.406(a)(2) and §205.401(b)** |
| Applicant Name & Title | Operation Name |
| Owner’s Name (if different from Applicant)  | Date |
| MailingAddress | City | State |  Zip |
| Phone | Fax | Website |
| E-mail |
| Farm Production Address (if different from Mailing Address) |
| Do you have a copy of the current NOP standards?Yes No |
|  **Section 2: Criteria for “Exempt Operations” NOP §205.101** |
| **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. **§205.100 (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 |
| **Section 3: Organic Management Fundamentals Adherence NOP §§205.202–205.207, 205.236–205.239** |
| **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. |
| **Section 4: Recordkeeping NOP §205.103** |
| 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 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 ladingfor 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. |
| **Section 5: Organic Farm Products (Crops) NOP §205.201** |
| **Field Number/ Name** | **Parcel Address/ Legal Description** | **Organic Status** **(O, T, C)** | **Field Size** | **Area Units (acres, sq ft, etc.** | **Rented or Owned** | **Planned Crop** | **Projected Yield** | **Transition****Date (If Organic or Transitional)** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |
|  **Section 6: Organic Farm Products (Livestock) NOP §205.201** |
|  **\_\_\_\_\_ Not Applicable** |
| **Livestock Type** | **Livestock Breed** | **No. of animals** | **Source: On-farm or Purchase Source** | **Birth or Hatch Date** | **Start date of organic management** |
| *E.g. Dairy Cows* | *Jersey Cross* | *56* | *Raised on Farm* | *2012 to 2016* | *2014* |
| *E.g. Hogs/Pigs- Replacement Stock* | *Hampshire* | *5* | *Purchased from Organic Farm (Name)* | *2016* | *From organic stock* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Section 7: Organic Material Inputs NOP §205.105** |
| B. Indicate the soil mix, fertility, and pest/disease management products used and purchased for crop/plant production this year. Receipts and labels must be available, if your operation is inspected to verify compliance. If material inputs have not been officially approved, submit labels and/or complete lists of ingredients including inert materials. A “restricted” input refers to a material on the National List which has a specific restriction listed for its use (see NOP Rule 205.601 (j) (1-8), (k) and 205.602 (g) and (h)*.* Justification for the use of restricted materials must be provided. |
| **Complete Brand Name or Common Name** | **Status: Approved (A), Restricted (R), or Prohibited (P)** | **Approved by which certifying agent (OMRI, WSDA, etc.)?** | **Field # & Treatment Location** | **Date Applied** | **Why Treated?****What weed, pest, or disease was identified?** | **What Crop Was****Treated?** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Section 8: Monitoring Practices and Procedures NOP §§205.201, 205.206** |
| *The NOP Rule requires active management to build soil fertility, manage plant nutrients, protect or improve natural resources, and prevent soil erosion. A diversified crop rotation is required. Under NOP Rule 205.201(a) (3), the operator must monitor fertility practices and procedures to verify that the organic plan is effectively implemented. Plant and animal materials (manure, compost, and uncomposted plant materials) must be managed so that they do not contribute to contamination of crops, soil, and water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.*A. Rate the effectiveness of your soil 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. B. Rate the effectiveness of your natural resource management program  Excellent Satisfactory Needs improvementDescribe 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 improvementDescribe 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 improvementDescribe any changes you have made or intend to make based on the results of your monitoring program.  |
| **Section 9: 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Name and Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative Signature DateNo 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.  |