

Due By	
MARCH 1st	

2024 ORGANIC SYSTEM PLAN (OSP) - CROP PRODUCTION

Instructions

- Complete this OSP to request certification of your crop production.
- Complete OSPs are required <u>prior</u> to inspection of each requested scope.
- Crops must be managed in full compliance with NOP §205.200.
- After the submitted OSP has been reviewed, an agricultural inspector will contact you, closer to the season, to schedule an inspection.
- OSPs submitted and received late may result in a Notice of Noncompliance.

OSP Received On:	Entered Into Databa	ase On:	By (Initials):	
Assigned To: Reviewer (Last name):	P	rimary Review Completed (On:		
Inspector (Last name)		Inspector's Review Comple	eted On:		
Inspection Completed On:	Director Reviewed	On:	Initials:		
Request Form # Docume	ents Received On:	Initials:_			
Database Updated On:	Initials:	Certificate Mailed	On:	Initials:	
Date payment rec'd:	Amount:	Ch	neck #:		Cash:
SECTION 1: General Inform	ation §205.201, §2	205.401			
Farm Name:					NHDAMF Cert #:
Owner/ Manager Name:		Name of	Authorized Person	who will be at the	inspection: (Required)
Mailing Address:					
Physical Address: Same as mailing					
Best phone number:	Email:		Websi	ite:	
Organizational structure/legal stat	us:				
☐ Sole Proprietorship ☐ Trust o	non-profit	erative Legal Partners	ship (federal form	n 1065) 🔲 LLC	
☐ Corporation; list state of incorp	oration & name			Other-specify	
Check the crops you grow and h	arvest for which you	are seeking organic o	certification:		
☐ Seedlings (for sale):		_ Uegetables	☐ Herbs		☐ Mushrooms
☐ Potted Plants; types:		_			
☐ Flowers, cut or edible ☐ Tree	e Fruit Type:		□] Hemp (must inc	clude Hemp Attestation Form
Inspectors change. Please provide c	letailed directions to yo	our farm/production site	from Concord, N	IH. Attach an ad	ditional sheet if
necessary.					

Affirmation

- I have a copy of the NHDAMF organic regulations and the USDA National Organic Program (NOP) regulations, with which I have read, understand and agree to follow for organic certification.
- I completed this Organic System Plan to the best of my ability, with accurate and forthcoming information.
- I understand that acceptance of this Organic System Plan in no way implies granting of certification by NHDAMF.
- I will immediately notify NHDAMF of any change in my certified operation or portion of it that may affect its compliance with NHDAMF organic Rules and the USDA National Organic Program (NOP) Regulations
- I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time.
- I agree to submit applicable fees charged according to the fee schedule by NHDAMF.

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My signature confirms that I have read, understand, and agree to the aforementioned statements
Signature of Applicant/Authorized Representative Date
Organic Certification History
Name(s) of any certifying agent(s) other than NHDAMF to which an application has been previously made, and date(s) of application: \square NA
Outcome of submission(s):
If you have received any notices of non-compliance or denial of certification, from a previous certifying agent, please attach these with a description of actions taken to correct the non-compliances, including evidence of correction. Attached NA
Non-Compliances
Did you receive Conditions for Continued Certification (CCC) letter from NHDAMF last year? ☐ Yes ☐ No
Did you receive a <i>Notice of Non-compliance</i> (NNC) from NHDAMF last year? ☐ Yes ☐ No
If yes, please describe CCC and/or NNC and corrective actions implemented:

Note: Corrective actions along with any supporting documentation will be reviewed during inspection.