

2024 ORGANIC SYSTEM PLAN (OSP) FOR CROP - HAY/PASTURE PRODUCTION

Instructions

- Complete this OSP to request or renew certification of your hay/pasture production.
- Complete OSPs are required prior to inspection of each requested scope.
- Pasture must be managed as a crop in full compliance with NOP §205.240.
- Once your 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.

Top section for office use only:

OSP Received On: _____ Entered Into Database On: _____ By (Initials): _____

Assigned To: Reviewer (Last name): _____ Primary Review Completed On: _____

Inspector (Last name) _____ Inspector's Review Completed On: _____

Inspection Completed On: _____ Director Reviewed On: _____ Initials: _____

Request Form # _____ Documents Received On: _____ Initials: _____ ☐ NA

Database Updated On: _____ Initials: _____ Certificate Mailed On: _____ Initials: _____

Date payment rec'd: _____ Check #: _____ Amount: _____ Cash: _____

SECTION 1: General Information §205.201, §205.401

Farm Name:		NHDAMF Cert #:
Owner/ Manager Name:		Name of Authorized Person who will be at the inspection: (Required)
Mailing Address:		
Physical Address: <input type="checkbox"/> Same as mailing		
Best phone number:	Email:	Website:
Organizational structure/legal status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation; list state of incorporation & name _____ <input type="checkbox"/> Other-specify _____		

Check those crops you grow and harvest for which you are seeking organic certification:

☐ Hay ☐ Pasture ☐ Forages, type _____ ☐ Grains, type _____

Inspectors change. Please provide **detailed** directions to your farm/production site from Concord, NH. Attach an additional sheet if necessary.

Affirmation

Please read the following and sign below.

- 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.

My signature confirms that I have read, understand, and agree to the aforementioned statements



Signature of Applicant/Authorized Representative

Date

Organic Certification History §205.662

List the name(s) of any certifying agent(s) other than NHDAMF to which an application has been previously made, and date(s) of application: NA

Outcome of submission(s): _____

If you have received any notices of non-compliance or denial of certification, please attach these with a description of actions taken to correct non-compliance(s), including evidence of correction. ☐ Attached ☐ NA

Non-Compliances

Did you receive a Conditions of Continued Certification (CCC) letter from NHDAMF last year? ☐ Yes ☐ No

Did you receive a Notice of Non-compliance (NNC) from NHDAMF last year? ☐ Yes ☐ No

If yes, please describe CCC and/or NNC corrective actions implemented:

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