

# **NHDAMF ORGANIC CERTIFICATION PROGRAM LANDOWNER STATEMENT**

This form is to be completed by the property owner/landowner, if one or both of the following situation(s) exist:

1. The NHDAMF Certified producer will be leasing or otherwise utilizing land listed below which is OWNED by someone other than the producer;
2. The NHDAMF Certified producer has not OWNED the land listed below for the past 3 years, starting from March 1<sup>st</sup> of this year and counting back 3 years.

**LANDOWNER'S NAME & ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CERTIFIED ORGANIC PRODUCER'S NAME & ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING TABLE WHERE APPLICABLE:**

| Field Location & Acreage | Specify Agricultural Activity: forest, cropland, fallow, etc. | N/A* | Brand & Type of Material Applied: specify fertilizer/pesticide/herbicide | Date of last Application |
|--------------------------|---|------|--|--------------------------|
|                          |   |      |  |                          |
|                          |   |      |  |                          |
|                          |   |      |  |                          |
|                          |   |      |  |                          |

(\*N/A- means Not Applicable)

**Affirmation Statement:**

To the best of my knowledge and ability the above information listed in the table is correct and accurately reflects the current status of the property in question.

\_\_\_\_\_  
Landowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Name (please print)

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

(THIS DOCUMENT MAY BE COPIED)