

NHDAMF ORGANIC CERTIFICATION PROGRAM
INTENT TO TRANSITION TO ORGANIC CERTIFICATION

Persons who intend to have their agricultural production land certified as “organic” in accordance with the USDA National Organic Program (NOP) regulations by this agency shall complete this document.

Applicant's name: _____

Farm Name: _____ Phone: _____

Mailing address: _____ Physical address: _____

City, State, Zip: _____ Email: _____

Federal & State organic regulations:

Do you have a copy of the USDA National Organic Program Regulations? ___ Yes ___ No

Do you have a copy of the NHDAMF Organic Rules-Agr 911-for organic certification of crop production? ___ Yes ___ No

Transition production:

Land: Type of crop production: _____

SECTION A: Certified organic land requirements: Land must have had no prohibited substances, as listed in NOP Section 205.105, applied to for a period of 3 years immediately preceding harvest of the crop.

1. Location of land parcel(s) to be transitioned: _____

2. Do you own the land to be transitioned? ___ Yes ___ No Numbers of Acres: _____

If no, please list name & address of owner(s): _____

3. Substance name(s) & date(s) of last application of any synthetic fertilizer, pesticide, or other prohibited materials:

4. Aerial maps of ALL land parcels to be transitioned MUST be attached.

Affirmation: By signing and submitting this form, you understand that NHDAMF has in no way granted certification or is guaranteeing that certification will be granted at some future date. The purpose of this form is to identify you as a producer (crop and/or livestock) that is transitioning to become certified organic under the USDA National Organic Program regulations.

I, (print name) _____, have completed the questions on this form truthfully and accurately, and I have read and understand the above paragraph.

Signature

Date

Mail to: NHDAMF, Div. of Regulatory Services, PO Box 2042, Concord, NH 03302