

NHDAMF ORGANIC CERTIFICATION PROGRAM
INTENT TO TRANSITION TO ORGANIC CERTIFICATION

This document shall be completed by those NH farms who intend in the future to have their agricultural production practices certified as "organic" to the USDA National Organic Program (NOP) regulations by this agency. NHDAMF is a USDA accredited certifying agent whose duty it is to verify compliance to the NOP.

Name of farmer(s): _____

Farm Name: _____ Phone: _____

Mailing address: _____ Physical address: _____

Town/State/Zip: _____ Email: _____

Federal & state organic regulations:

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

Have you read and do you understand these Regulations? Yes No

Do you have a copy of the NH State Dept. of Agriculture Organic rules-Agr 911-for organic certification of crop, livestock & fiber production?

Yes No Have you read and do you understand these state rules? Yes No

Transition production:

Land-Type of crop production: _____ If checked, please complete Section A.

Livestock: List breed(s): _____ If checked, please complete Section B.

SECTION A: Certified organic land requirements: Land must have had no prohibited substances, as listed in NOP Section 205.105, applied to it 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 material, as listed in NOP Section 205.105: _____

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

SECTION B: Certified organic livestock: Milk or milk products must be from animals that have been under continuous organic management beginning no later than 1 year prior to the production of the milk or milk products that are to be sold, labeled, or represented as organic.

1. Livestock breed(s) and total herd number: _____

2. Beginning date of herd transition: _____ Starting date of organic feed: _____

3. Organic feed sources, brand name, and certifier's name on feed: _____

4. A completed **NHDAMF Cattle History Form** must be attached to this form.

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.

Please sign

Date

Mail to: Div. of Regulatory Services, NHDAMF, PO Box 2042, Concord, NH 03302 12/2010