**PRIOR LAND USE AFFIDAVIT**

Instructions: This declaration may be used by all applicants who have farmed their land for less than 3 years prior to applying for certification. Use it whenever you purchase or rent land from another landowner. It is essential that the field histories be filled out completely.

**An FSA or Aerial map must accompany this Affidavit**

Field identification must correspond with the field map. List all inputs or soil/crop treatments (fertilizers, insecticides, herbicides, seed treatment, soil builders, etc.) used and include the rate applied per acre. Crop information must include seed variety and source. If the land was left idle and not farmed, note that.

**This form will only be accepted by OCIA if it is fully completed**

1. Are any of the crops indicated below genetically modified (GM)?  Yes  No **If yes,** identify the GM crops on the table below.

2. Were any seed treatments applied to any of the crops indicated below?  Yes  No **If yes,** seed treatments must be indicated below along with seed

variety and source.

Table A: Field Location, ID, and Histories

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|  | | | **Year:­­­­­­­­** | | **Year:** | **Year:** | **Year:** |
| **Field/Township/Range** | **Other Field Name or ID** | **No. of Acres** | **Crop** (include seed variety, source, and treatments. e.g. Pioneer Corn P7202AM with PPST250) | | **Crop** (include seed variety, source, and treatments. e.g. Pioneer Corn P7202AM with PPST250) | **Crop** (include seed variety, source, and treatments. e.g. Pioneer Corn P7202AM with PPST250) | **Crop** (include seed variety, source, and treatments. e.g. Pioneer Corn P7202AM with PPST250) |
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1. **Attestation of Material Use:**
2. ► Complete this section to attest to **all materials used** during time period you have indicated above.
3. ► List the full product brand name, manufacturer name, and application date for **all** materials applied during the relevant time period, including, but not limited to: ***fertilizers, pest or disease control materials, herbicides, compost and manure, seed treatments (including coatings, pelleting materials, and inoculants), adjuvants, etc.***

**During the time period listed above (excluding dates more than 3 years ago, if applicable), I attest to the following:**

No materials of any kind were used (including during the current crop cycle, if applicable).

All materials used (including during the current crop cycle, if applicable) are listed in the Table of Materials Used on the following table

B. TABLE OF MATERIALS USED

|  |  |  |  |
| --- | --- | --- | --- |
| Field ID from Table A | Full Product Name | Full Manufacturer Name | Application Date(s) |
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**I have direct and comprehensive knowledge of the activities and materials applied to the parcel named above from:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_ Through \_\_\_\_\_\_\_\_\_\_\_\_ until transfer to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_ | |
| *MM/DD/YYYY* | *MM/DD/YYYY MM/DD/YYYY* |

I have this knowledge because:

I owned and farmed this parcel

I rented and farmed this parcel

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I attest that the information above is complete and accurate to the best of my knowledge. I understand that making a false statement to an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code, per NOP §205.100(c)(2), COR Operating Manual C.2.4.1, and/or the other organic programs requested.**

|  |  |
| --- | --- |
| Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **(continued on next page)** |
| Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_