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| **Operator #:** | |  | **Operation Name:** |  | | **Date:** |  |
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| **Instructions:**   1. Read each statement in Column A and determine if the statement describes your operation. 2. If a statement describes your operation, check the box and complete the corresponding module(s) in Column B. 3. If a statement does not describe your operation, leave the checkbox black and do not complete or submit the corresponding module(s). | | | | | | | |
| **Column A** | | | | | **Column B** | | |
|  | I/We manage a livestock producing operation. | | | | L2.0 – Livestock Plan Management  L3.0 – Livestock Origin and Identification System  L4.0 – Livestock Feed  L5.0 – Health Care Practice  L6.0 – Living Conditions  L7.0 – Transportation and Slaughter  L9.0 – Recordkeeping System  L10.0 – Livestock Annexes | | |
|  | I/We manage conventional livestock and/or livestock in transition. | | | | L2.1 – Mixed Livestock Production | | |
|  | I/We manage a ruminant livestock producing operation. | | | | L4.1 – NOP Pasture Management Plan | | |
|  | I/We manage livestock, and we are requesting dairy products, eggs, or animal fibers such as wool for certification. | | | | L8.0 – Dairy, Egg and Animal Fiber Production  L11.0 – Annual Summary of Organic Production and Sales –  Livestock Products | | |