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| **Operator #:** |  | **Operation Name:** |  | **Date:** |  |
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| Please complete the table below with all livestock to be certified and check the certification category for the livestock. Please list groups of animals separately according to dates of purchase, birth, or beginning date of organic management.  NOTE: THE FOLLOWING DEFINITIONS ARE FOR NOP. For other certification programs, refer to the specific livestock standards.   * “Slaughter” livestock must have been under continuous organic management from the last third of its gestation cycle, or for poultry, beginning the second day of life. Organic meat, fiber, and dairy products may be produced from livestock certified under the “slaughter” category. * “Dairy” livestock must have been under continuous organic management for 1 year prior to the production of dairy products. If dairy livestock are born organic, they may also be eligible for slaughter, and should also be categorized “Slaughter”. * “Breeder stock” are female livestock that have been under continuous organic management since at least the last third of their offspring’s gestation. Livestock certified under the “breeder stock” category cannot produce certified organic meat, dairy, or fiber. * **OCIA Standards** – Rotation of animals in and out of organic management is not allowed. | | | | | |
| 1. Livestock products requested for certification, including estimated amounts and units.  Milk:  Eggs:  Animal Fiber:  Livestock Products that are processed/packaged by certified organic third-parties and then sold by your operation: | | | | | |
| 2. General livestock types that are to be certified:  Cattle  Swine  Poultry  Sheep  Goats  Bison  Other (specify): | | | | | |
| 3. If equivalency arrangements are requested, where will crops be marketed? Please note which crops will be marketed to other countries. | | | | | |
| 4. All livestock listed in #6 are requested for certification to all equivalencies/programs selected in your Certification Application/Renewal Form unless specified below. | | | | | |
| 5. What reproduction methods are used in your operation?  Natural Service Breeding  Artificial Insemination  Other: | | | | | |

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| 6. Please complete the following table to indicate the specific livestock that will be requested for certification. | | | | | | |
| **Specific Animal Types**  **(Beef cattle, Dairy cattle, Lambs, Laying Hens, Broilers, etc.)** | **Beginning Date of Organic Management**  **(if dairy or breeder stock)** | **Certification Category**  **(choose all that apply for each category; see above NOP definitions)** | | | | **Quantity** |
| **Slaughter** | | **Dairy** | **Breeder**  **Stock** |
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| **To Be Signed At Inspection** | | | | | | |
| I/We understand that filing and acceptance of this affidavit in no way implies granting of certification or attestation by OCIA International.  Before signing this document, please confirm that all programs are correctly marked and all products/services that you want to request for certification are listed. The products/services will be listed on the certificate addendum as described on this form. | | | | | | |
| **Operator Signature:** | | | **Date (mm/dd/yyyy):** | | | |
| **Inspector Signature:** | | | **Date (mm/dd/yyyy):** | | | |