

## Organic System Plan for Crops

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. You must submit farm maps, field history sheets and all other supporting documents (input labels, soils or tissue test, rented or recently purchased land histories, etc.). **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

SECTION 1: General Information		NOP Rule 205.401
Name	Farm Name	Date
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (specify):		
Year first certified	List prior agencies of organic certification	List current agencies of organic certification
List all crops or products requested for certification. (As you would like to have listed on your certificate)		
Do you have a copy of current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Livestock Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Handling Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give directions to your farm for the inspector:		
When are you available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
1. Did you have any noncompliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
a. If yes, please complete the following table; listing each noncompliance.		
<b>Noncompliance</b>	<b>Date of Notice</b>	<b>Corrective Action Update</b>
2. Have you ever been denied certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
b. If yes, please describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:		
3. Has your certification ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
a. If yes, please describe the circumstances, including the certifying agent involved, the reason certification was suspended or revoked, and any steps taken:		