

Organic System Plan for Poultry and Non-Ruminants

Please fill out this questionnaire if you are requesting organic livestock certification. Use additional sheets if necessary. Sign section 17 and enclose it with your application fee if you are submitting your application electronically. You must submit farm maps, field history sheets and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 17 of this questionnaire. **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	
Address	City	
State	Zip code	
Phone	E-mail	Fax
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)		
Year first certified	List any prior agencies of organic certification	List any current agencies of organic certification
1) Is your operation: <input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production)		
2) Do you have an updated copy of the NOP regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Do you intend to certify any crops, cropland, or pasture acreage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you also completed an Organic System Plan for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you submitted and Organic Handling System Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Give directions to your farm for the inspector.		
6) When are you most available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
7) When are you most available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		