Site Information

Business Name:

Field Identification:

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OCP.F.16

NOP 205.202

LEASED PASTURE AFFIDAVIT

Complete this form for leased pasture land that is not included in your crop certification. Use separate forms for each parcel used. Do not use this form if the land owner will be making livestock management decisions.

Contact Name:

Organic Certifier:

Physical Address:	City/State/Zip Code:
Attach organic certificates for each parcel. If the physical address or field identification is not included in the organic certificate, complete the section below.	
Certifier Attestation	NOP 205.202
I affirm that the parcel listed above is covered by the organic certificateissued on (Certificate identification)	
Organic Certifier Representative:	Date:
Lessor Representative Signature:	