



2025 Crop Site Registration

- | |
|---|
| 1. All sites must be inspected annually unless certified organic by another certifying body. |
| 2. Each site must be accounted for. Each non-contiguous site must be registered individually. |
| 3. Attach a map for each site indicating buffers, water sources, and other areas of notability. |

Customer ID: AG-C000____OC

Business/DBA:

Site Name:

Site Physical Address:

GPS coordinates:

Mailing Address:

Organic Certification Responsible Contact:

Phone Number:

E-mail:

Is site currently certified organic by another certifying body?

If yes, please list the certifying body:

Describe your site's eligibility:

1. Organic Certification (Site is currently under organic management and no prohibited materials have been applied for at least 36 months.)
2. Transitional (Site is currently under organic management, but has not had 36 months since last prohibited substance.)

Production/Crop Type	Acreage



Fallow	
Non-production (buffer, roadway, crop alleyways)	
Total Acreage	

Is site owned or leased?

If leased, please describe the production circumstances or attach a copy of the agreement:

Have you managed this site for at least three years?

If not, please list previous managers and have them complete a Previous Land Use Declaration form.

Previous owner/manager & contact information	From date:	To date:

Do other operations (certified organic or not) share use of this site?



Is this site currently certified?

If yes:

Who is the certifying body:

What business name appears on the certification?

Please list all inputs applied in the last 3 years. This includes pesticides, fertilizers, herbicides, inoculated/treated seed, fungicides, etc.

Material applied, including brand name	Dated applied (mm/dd/yyyy)

Have you notified your neighbors that this site is under organic production (*recommended best practice*)?

Do you display “Organic - no spray” signs?



Please describe all border risks and clearly identify on submitted map.

Border	Describe Border	Drift Risk	Flood Risk	Other Risk:	No Risk
North					
South					
East					
West					
Other:					
Other:					
Other:					

Please describe your risk prevention strategy and buffer management for borders at risk:

Will buffers be harvested?

If so please describe the final disposition of buffer crops

I, _____, as an authorized representative of _____ (business name)
affirm all statements are true and correct to the best of my knowledge.

Signature	Title	Date
-----------	-------	------