



2026 Crop Site Registration

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| 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. |

Date:

Business Name / 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:

- Organic Certification (Site is currently under organic management and no prohibited materials have been applied for at least 36 months.)
- 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? *Please list below.*

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
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