FS-5111 Rev. 1-05

Oklahoma Department of Agriculture, Food & Forestry FOOD SAFETY DIVISION Poultry, Egg & Organic Foods Section P.O. Box 528804

P.O. Box 528804 Oklahoma City, OK 73152-8804

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OFFICIAL U	SE ONLY
RECEIPT#	
AMOUNT \$	
DATE:	
REV CODE	470

ORGANIC CERTIFICATION PROGRAM

PRODUCER APPLICATION

Owner/Manager:											
Business Name:											
Address:	City:	State: Zip:									
Telephone #:	Fax #:										
E-Mail Address:											
Application previously been made: Yes No Number of year(s)If Yes reported to Supply documents from previous certifying agentSupply documents on action taken to comply with Non-compliance issue											
Type of Operation (Check as app	olicable)										
Grain	□ Vegetables	☐ Beans/Peas									
☐ Fruits	☐ General Market	Other (specify)									
Specialty Crops	☐ Specialty										
□ Nuts	☐ Ethnic										
Total Acres		Irrigation Information									
Total Acres Irrigated	:	System Type									
Total Acres Organic		Water Source									
Soil Types		Sole Source?									

1.	Farm Map 1. (Optional) If available, please attach ASCS aerial maps of all fields. 2. Please provide the legal description of each parcel to be certified.																	
	 Please show your field layout, field numbering system, and the location of buildings on each parcel to be certified. Indicate the scale you are using in the space provided. Provide directions from the nearest city. 																	
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	N																	

Scale: One space =

acres.

Seeds &Transplant information (please list information on seeds or transplant examples: place purchased, certified organic or untreated, documentation available, types & quantity)								

Field or Owned Leased Year Size Amount Additional Remarks Bed No. First Used Currently in Production Mixed Organic / Conventional Production Please complete this section if your farm includes some land that is not managed organically Crop and Spray Plan (List only non-organic fields that are adjacent to organic fields.) Field or Bed No. This year's crop Synthetic materials to be applied Do you leave buffer zones between organic and non-organic fields? ☐ yes ☐ no If yes, how wide are the buffer zones? ft.

Field Information

Please state the first year you used each of your current fields.

Field – By – Field Cropping History and Rotation Plan

Please list all crops grown or planned by field for each year.

(List by specific crop, e.g., parsley, NOT general category e.g., herbs.)

Crop by Harvest Year											
Field or Bed No.	Year	Year	Year		This Year		Year	Year			
веа по.											

For wild crops explain ways of harvesting, not destructive to the environment and how will you sustain the growth and production of the Wild Crop

Fertilization (Check all you plan to use this year)		Amount of Material Used											
			st		Supplement N	Supplement P	Supplement K	S			nts		
Field or Bed No.	Source of Material	Manure	Compost	Lime	Supple	Supple	Supple	Minerals	Foliar Sprays	Ground Sprays	Seed Inoculants	Other:	

How do you plan on monitoring your fertilization plan and what frequency which will be preformed?
During the past three years, have any synthetic and / or

fields?	anic substances been applied to any of your organic	
	ase list substance(s) below:	
Field or Bed No.	Synthetic product used	Last date applied
веа по.	<u> </u>	
_		
	Soil-Building Program (Check all methods y	you use):
		,
	Soil testing	
	Crop rotation	
	Crop rotation	
	Summer fallow	
	Legumes or green manure crop	
	Fertilizers	
	Subsoil manipulation	
	Other (specify)	
How do	you plan on monitoring your Soil Building plan and what frequer	ncy which will be preformed?
		-

PEST CONTROL

Any	pest pro	nree years, have you blems in your fields? te the section below:	<u> </u>		
Field or Bed No.	Harvest Year	Crop	Insects, weeds, Disease, or Nematodes?	Minor, moderate, or severe infestation?	Action taken
How do	o you pla	n on monitoring your	Pest Control p	olan and what	frequency which will be preformed?

WEED CONTROL

Besides mechanical procedures and crop rotation,

wł	hat other means of controlling weeds do you use?							
Field or	Method or product used							
Bed No.	ivictified of product asca							
How do	you plan on monitoring your Weed Control plan and what frequency which will be preformed?							
Other Applications Other Inputs Used (List any other inputs you plan to use not addressed in the previous sections including its								
composition	on and source)							

Contamination Prevention Please describe the facilities and list all the equipment you use. Describe the methods you use to keep your farm equipment from contaminating organic fields. (organic only, cleaning, etc.) Please describe the facilities and methods you use to store and handle prohibited materials separately from permitted materials. Please describe the facilities and methods you use to ensure that there is no possibility of commingling of organic and non-organic crops.

Mechanical means? If so, specify:	
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	d?
How do you protect stored crops from insects and molo Mechanical means? If so, specify: Diatomaceous earth?	d?
Mechanical means? If so, specify:	d?
Mechanical means? If so, specify:	J :
Mechanical means? If so, specify:	
Mechanical means? If so, specify: Diatomaceous earth?	
Diatomaceous earth?	
Bacillus thuringiensis?	
Other(specify)	
During the past three years, have any of the follow	wing
been applied to any of your stored crops? (if yes, please specify.)	
Date	Crop Material
Synthetic fumigants?	
Sprouting inhibitors?	
Ripeners?	
Growth regulators?	
Preservatives?	
Coloring agents?	
Waxes or oils?	

Recordkeeping and Farm Management

Recordkeeping by certified	operations Must	comply with	USDA NOP	Standard F	Regulations
§205.103	•				J

All goods produced by me and marketed as USDA NOP Certified Organic does meet the certification standards established under the National Organic Program, administrated by Oklahoma Organic Food Section.

I have read and agree to be bound by all provisions of the National Organic Program Standards that apply to land or other units under my management.

I affirm that all oral statements, written information provided in this document, and other verification records submitted with this application for certification or recertification are true, accurate and complete information about my operation.

Applicant's signature	Date	