| OGP 02: Parcel Information | | | | USDA Organic Regulations §205.201, §205.202, §205.203  Regulation (EU) 2018/848 Chapter 3, Article(s) 9, 10 | | | |
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| **ELIGIBILITY FOR ORGANIC CROP PRODUCTION**  ***USDA – National Organic Program*** (Applicable to operations worldwide)  **7 CFR 205.202.** Any field or farm parcel from which harvested crops are intended to be sold, labeled, or represented as “organic,” must:  (a) Have been managed in accordance with the provisions of [§§ 205.203](https://www.ecfr.gov/current/title-7/section-205.203) through [205.206](https://www.ecfr.gov/current/title-7/section-205.206);  (b) Have had no prohibited substances, as listed in [§ 205.105](https://www.ecfr.gov/current/title-7/section-205.105), applied to it for a period of 3 years immediately preceding harvest of the crop; and  (c) Have distinct, defined boundaries and buffer zones such as runoff diversions to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management.  ***EU Regulation 2018/848*** (Applicable in countries specified in Regulation (EU) 2021/2325)  **General Requirements, Regulation (EU) 848/2018 Article 10 and Annex II).**  *Organic production rules must have been applied during a conversion period of at least two years before sowing an annual crop; at least two years before grassland or forage are used as feed in organic farming; or at least three years before the first harvest of a perennial crop. Farmers shall comply with a conversion period, during with they shall apply all rules on organic production. The conversion period shall start when the operation submits the organic system plan to the certifier.* | | | | | | | |
| 1. **LIST OF PARCELS REQUESTED FOR CERTIFICATION**   ***Please list all parcels to be used in organic production in the table below.***  A parcel is a single contiguous section of land that is owned or managed by the applicant. Parcels may consist of one or more fields.  All new parcels must be reviewed for compliance priorto inspection.  **Additional pages attached**  Attach the organic certificate for any parcels currently or previously certified as part of a different operation.  **Attached** | | | | | | | |
| **Parcel Name/Number** | | | | **Current Status** | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
|  | | | | Not currently certified  Currently certified as part of this operation  Currently certified as part of a different operation | | | |
| 1. **PARCEL DESCRIPTION**   Complete this page for ***each parcel*** requested for certification (make additional copies as needed). | | | | | | | |
| **Parcel Name/Number** | | | | | **Date this form completed:** | | |
| **Parcel Location** (complete physical address **and** GPS coordinates) | | | | | | **Acreage requested for certification:** | |
|  | | | | | |  | |
| **List of structures on this parcel (e.g., hoop house, greenhouse, storage, etc.):** | | | | | | | |
| **Driving Directions** – only for parcels that do not have a street address or are inaccessible through on-line mapping.  N/A | | | | | | | |
| **Parcel Map**  **Attached**  Provide a map or sketch of the entire parcel showing the location of all fields, field boundaries, **adjoining land uses, buffer zones**, prominent natural features, water sources, greenhouses/ high tunnels, buildings, storage areas, washing areas, processing areas, and curing areas. | | | | | | | |
| **Type(s) of Certification Requested** (check all that apply to this parcel) | | | | | | | |
|  | **USDA – National Organic Program – Organic Certification**  **Transitional Certification (less than three years since the last application of prohibited substance(s))**  Transition start date:  Transition (projected) end date:  **EU Regulation 2018/848**  Parcels seeking organic status must be currently certified organic, or have undergone conversion, or qualify for retroactive recognition. The conversion period for uncertified parcels that do not qualify for retroactive recognition will begin on the date QCS received the application or from the date when all rules on organic production have been applied(if after the application date).   1. Are you applying for retroactive recognition of a previous period as being part of the conversion period?   Yes  No  If yes, provide additional details as specified in **OGP 14**: **Regulation (EU) 2018/848 Compliance Affirmation.** | | | | | | |
| **Field Information.** List all fields that are part of this parcel certification request. Make additional copies if needed. Buffers must be described in table and on maps for all fields adjacent to conventional production or other potential sources of contamination. | | | | | | | |
| **Field Name/#** | |  |  | |  | |  |
| **Acreage** | |  |  | |  | |  |
| **Crop(s)/Crop families – current year** | |  |  | |  | |  |
| **Crop(s)/Crop families – previous year** | |  |  | |  | |  |
| **Crop(s)/Crop families – 2 years prior** | |  |  | |  | |  |
| **Adjoining land uses**  (Check all that apply and label on map) | | organic production  conventional production  uncultivated/natural  other: | organic production  conventional production  uncultivated/natural  other: | | organic production  conventional production  uncultivated/natural  other: | | organic production  conventional production  uncultivated/natural  other: |
| **Buffer description** (e.g., cropland, trees, etc.) | |  |  | |  | |  |
| **Buffer width** | |  |  | |  | |  |
| **Are crops harvested from buffer?** | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| 1. **ADJOINING LAND USE AND BUFFER ZONES**   *All fields and farm parcels must have distinct, defined boundaries and buffer zones to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management.*   1. Are all adjoining land uses and buffers described in **Section B: Parcel Description** and identified on parcel maps?  Yes  No 2. Do any parcels/fields adjoin non-organic agricultural areas (e.g., conventional production)?   Yes  No. *Skip to Question 3.*   * 1. If yes, how do neighbors apply pest control products to their production areas?   Unsure  Manual sprayer (e.g., backpack)  Boom sprayer  Aerial sprayer   Other, specify:   * 1. How do you verify that established buffers are effective to prevent drift of prohibited substances onto your parcels?  1. What additional safeguards do you use to prevent contamination from adjoining land uses (e.g., drift)? Check all that apply.   None, adjoining land does not receive applications of prohibited materials  Written notification/agreement with neighbors  **Attached**  Written agreement with agencies managing buffers or right of ways, including highway departments, electric companies, FSA, etc.  **Attached**  Post “No Spray” signs  Residue testing  Other. Please describe:   1. Do any fields or portions of fields flood frequently (more than once every ten years)?  Yes  No   If yes, list field numbers and describe potential contaminants.   1. How do you monitor for crop contamination?   GMO testing  Photographs  Wind direction/speed data  Visual observation  Pesticide residue testing  Other. Please specify:    1. How often do you conduct monitoring?  Weekly  Monthly  Annually  As needed   Other. Please specify: | | | | | | | |

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| 1. Land Use Affirmation | | | | | | |
| **INSTRUCTIONS:** Complete a separate **Land Use Affirmation** for each parcel (or acreage being added to an existing parcel) that is not already certified organic. If you have multiple parcels, make copies or request extra forms from QCS.  \****This form must be completed separately by each person who has had full management control of the parcel during the last 3 years/36 months for organic certification. Make copies as needed.*** | | | | | | |
| **Your Name** |  | | | | | |
| **Parcel Name** |  | | | | | |
| **I am the parcel’s:**  (Check one) | Current Owner  Previous Owner  Lessee  Previous Lessee  Manager  Previous Manager  Other (describe): | | | | | |
| I have/had **full management control** of this parcel during the time period from (MM/DD/YYYY)  Until (MM/DD/YYYY)   Present. (Use exact dates). | | | | | | |
| **Last known prohibited substance application.** To the best of my knowledge, (Check one): | | | | | | |
| No substances prohibited in organic production were applied to this parcel during my ownership/management. | | | | | | |
| One or more substances prohibited in organic production were applied during my ownership/management of the parcel. | | | | | | |
| Last prohibited substance (product name): | | | Last application date (MM/DD/YYYY): | | | |
| Using the table below, list **ALL** inputs that have been applied to the land or crops during the time of your management, in the last three years/36 months, including fertilizers, soil amendments, pest/weed/disease control products, treated/pelleted seeds, inoculants, etc.  Additional pages **attached  No inputs applied during my management in the last 3 years/36 months** | | | | | | |
| **Product Name as it Appears on Label** | | **Manufacturer** | | **Last Application Date** | | **Fields where Applied** |
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| *I affirm that the answers given in this affirmation are true and correct.* | | | | | | |
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