| OGP 2: 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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| 1. **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 prior to 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**   ***Instructions:*** 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** – for parcels that do not have a street address or are inaccessible through on-line mapping. | | | | | | | | | | | | |
| **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 area, 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** (Check One: “Organic” or “In-Conversion” below)  Parcels seeking organic status must be currently certified organic or have undergone conversion or qualify for retroactive recognition. | | | | | | | | | | | |
|  | Organic | | Check if applying for retroactive recognition of a previous period as being part of the conversion period. If checked, provide additional details as specified in **OGP 19**. | | | | | | | | | |
|  | In-Conversion | | Conversion period start date  (On or after the application date): | | | Conversion period (projected) end date: | | | | | | |
| **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. 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.* | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) | | |