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| **OWCP 2: Land Use Affidavit** | | | USDA Organic Regulations 205.202 & 205.203.(b)-(c) | |
| **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 substance 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** |
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| *I affirm that the answers given in this affirmation are true and correct.* | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) |