**INSTRUCTIONS:** Complete and submit this form to request an inspection from Quality Certification Services for land that has not yet been cultivated or planted with a crop. A Pre-Cultivation Inspection may be requested or required under the following circumstances:

* Required for a farm operation to be certified for the first time to the EU organic requirements that is subject to additional controls as specified by the European Commission, Directorate-General for Agriculture and Rural Development
* May be requested for a farm operation that will request retractive recognition of a previous period as being part of the conversion period when it applies for organic certification for the first time to demonstrate that parcels were natural or agricultural areas that were not treated with products not authorized for organic production.

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| **BASIC INFORMATION** | | | | | | | | | | | | |
| Operation Name (Legal name of business): | | | | Fictitious Name/DBA (if applicable): | | | | QCS Entity No.: | | | Date: | |
| **Operation Status:** | Operation is currently certified by QCS and will be requesting certification of new parcels.  Operation is NOT currently certified by QCS and will submit an Organic Grower Plan including these parcels. | | | | | | | | | | | |
| Mailing Address: | | | | | | Physical Address:  Same as mailing address | | | | | | |
| City: | | State: | | | Zip: | City: | | | State: | | | Zip: |
| Country (if not located in United States): | | | | | | Country (if not located in United States): | | | | | | |
| Phone: | | Fax: | | | | Phone: | | | Fax: | | | |
| **CONTACTS (Authorized Representative)**  Persons listed below are authorized to communicate with QCS on behalf of this operation. | | | | | | | | | | | | |
| **Name** | | **Role in Operation** (Owner, Manager, Billing, etc.) | | | | **Phone** | | | **E-mail** | | | |
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| **CONSULTANTS**  **Not Applicable (not using a consultant)**  (Please note that it is your responsibility to update QCS of any modifications to the consultant information). | | | | | | | | | | | | |
| Name: | | | Phone: | | | | E-mail: | | | | | |
| How would you like QCS to communicate with the consultant? | | | | | | | | | | | | |
| No direct communication with the consultant | | | | | | Copy the consultant on all communication | | | | | | |
| Communicate only with the consultant. Consultant is primary certification contact | | | | | | | | | | | | |
| Other (specify) | | | | | | | | | | | | |
| **Parcel Information.** List all parcels for which you are requesting a pre-cultivation inspection. | | | | | | | | | | | | |
| **Parcel Name/Number** | **Parcel Location** (complete physical address or GPS coordinates) | | | | | **Acreage/Hectares**  (Specify unit) | | | | **Anticipated cultivation date** | | |
|  |  | | | | |  | | | |  | | |
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| **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. | | | | | | | | | | | | |