



2012 ORGANIC CERTIFICATION DEADLINES, COST ESTIMATE, & INFORMATION (Renewal)



Submit all application materials and payment to:
OEFFA Certification
41 Croswell Rd.
Columbus, OH 43214

Please submit certification fees along with your application. Please keep a copy of everything you send in. Prepare for the inspection by having available planting & harvest records, receipts & labels for purchased inputs, and sales records.

Please select the appropriate category below to determine the applicable fees and deadlines. We are currently accepting new applicants from Ohio and the five surrounding states plus IA, IL, MO, and VA.

Table with 4 columns: Postmarked by, OHIO, IN, KY, MI, PA, WV, Out-of-Region. Rows include Early Bird - March 15 and Standard - May 15.

Applications will be accepted after the above dates for a fee of \$100/month, up to September 15, 2012.

- 1. Farm Certification (see chart, above) - Submit "OSP Renewal"
2. Additional fees for submission of OSP after May 15 (\$100 per month)
3. Livestock (\$300) - Submit "Livestock OSP"
4. Producer/Handler (\$250) - Submit "OSP for Handlers"
5. Copies (choose one)
6. Expedited Service (\$300)
7. Deduct OSP/Transitional Review fee (-\$150, if applicable, new applicants only)

Certification Services TOTAL \$

Other Services table with items like Spot Land Inspection, Spot Livestock Inspection, Export Certificate, Transaction Certificate, Transitional OSP Review.

Additional Items table with items like OEFFA Stickers, USDA Stickers, "Certified Organic" Sign, "Certified Organic, Do Not Spray" Sign.

Other Services/Items TOTAL \$ (please indicate selections and quantities)

- All producers certified by OEFFA Organic Certification will receive a complimentary membership in OEFFA.
Applicants outside Ohio or with multiple sites may be required to pay additional inspector expenses.
Refund Policy - If an application is withdrawn before the inspection occurs, certification fees will be refunded less \$200.
\$20 administrative fee for returned checks.
If you are interested in setting up a payment plan for a small administrative fee, please contact the office.

Payment Type (circle one): Check Master Card Visa American Express
- Check Number:
- Credit Card Number:
Expiration Date: / CVV/Security Code:
Name on Card:
Billing Address:

GRAND TOTAL \$



# 2012 OEFFA Organic System Plan Renewal

For Office Use Only	
Date Received	
Date Reviewed	
Reviewer	
Cert #	

**This form should be filled out by crop producers requesting renewal of organic certification with OEFFA. You may attach additional sheets if necessary. You must submit an updated farm map(s) and Field History sheet(s) (pg 7) with this form. You must sign this form.**

**SECTION 1: General Information NOP §205.401**

Name(s) (as you would like it to appear on your organic certificate)			Farm Name			Date	
Mailing Address			Farm Address (if different from mailing address)				
City	State	Zip Code	City		State	Zip Code	
County			County				
Phone			Fax		E-mail		
Names of others who can discuss this OSP			<b>I am requesting verification for export to:</b> <i>Please note: You may incur additional fees for these services</i> <input type="checkbox"/> Canada <span style="margin-left: 150px;"><input type="checkbox"/> European Union (EU)</span> <input type="checkbox"/> Japan				

**List all crops or products requested for certification:**

*Mixed vegetable growers may write "mixed vegetables."*

OEFFA Organic Certification Number (from certificate):	Do you have a current copy of the NOP standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other (specify)
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**Check all that apply:**

- Currently certified by OEFFA
- Currently certified by other certifier(s)  
Please list:
  
- Previously certified by other certifier(s) - please list:  
Please list:

Certified since (year):

Have you ever been denied certification, or had your certification suspended or revoked?  Yes  No

If yes, describe the circumstances:

Do you collect or harvest any wild crops (any plant or portion of a plant from a site that is not maintained under cultivation or other agricultural management)?  Yes  No

**AND/OR**

Do you intend to certify mushrooms?  Yes  No

*If yes, please complete the attached OEFFA Organic Wild Crop & Mushroom Addendum.*

Do you intend to certify any livestock this year? (slaughter stock, dairy, layers, or fiber animals)  Yes  No

*If yes, you must complete an OEFFA Livestock Organic System Plan, in addition to this form. Contact the certification office to request an OEFFA Livestock Organic System Plan.*

Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.)  Yes  No

*If yes, please contact the certification office to determine if you or the off-farm handler needs to complete an OEFFA Organic System Plan for Handlers.*



**B. ORGANIC SYSTEM PLAN CHANGES**

Have you reviewed your last OEFFA Organic System Plan for Producers?  Yes  No

Date of review:

Are all fields requested for certification currently certified organic under your OSP?  Yes  No

*If no, you must add these fields to your farm map(s) and update your Field History sheet(s) (pg 7) to include them. In addition, you must submit a Prior Land Use Affidavit (PLUA) for all fields you have managed for less than three years. PLUAs must be signed by the previous owner/manager. Contact the certification office to request Prior Land Use Affidavits.*

In the table below, check the following categories where changes have been made in your Organic System Plan and summarize all changes made or planned to be made. Attach additional sheets if more space is needed.

No changes

Organic System Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	



## D. MONITORING PRACTICES AND PROCEDURES

*Ongoing monitoring is required by NOP §205.201(a)(3)*

### Fertility Management Program

Rate the effectiveness of your fertility management program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program:

### Natural Resource Management

Rate the effectiveness of your soil and biodiversity conservation program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

### Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program:  excellent  satisfactory  needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

**Other Monitoring:** Indicate if you conduct monitoring in the following areas:

- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Adjoining land uses, buffers, notification letters, posting signs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Input equipment cleaning (sprayers, planters, etc.)               |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Harvest equipment cleaning  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Crop testing for contaminants (prohibited materials, GMOs)        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Post harvest handling   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Crop storage cleaning   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Transportation of organic crops                                   |

I affirm that all statements made in this application are true and correct to the best of my knowledge. I agree to comply with the Act and applicable organic production and handling regulations of this part. I will submit my updated organic system plan (this application) annually with applicable fees. If any of the information pertaining to my organic operation changes, I will notify the certification office in writing of these changes. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time, as deemed appropriate by OEFFA Certification, to determine continued compliance with the Act. I will maintain all records applicable to my organic operation for no less than 5 years beyond their creation and allow OEFFA Certification access to such records during normal business hours. I have reviewed the information pertaining to Violations of the Act at §205.662(g)(1)-(2). I understand that acceptance of this Organic System Plan Renewal in no way implies granting of certification by the certifying agent.

Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_

**I have attached the following *required* documents:**

- Maps of all parcels/fields - showing adjoining land use, buffers, storage, and field identification
- Field History sheet(s) (pg. 7) for current/proposed crops for this year.  
*Please include all inputs not included on last year's field history sheet (including previous year cover crops).*

**I have attached the following *additional* documents (if applicable):**

- OEFFA Livestock Organic System Plan
- OEFFA Organic System Plan for Handlers
- Organic Wild Crop & Mushroom Addendum
- Documentation for fields owned or rented for less than three years (Prior Land Use Affidavits)
- Verification that non-organic seed is untreated and non-GMO
- Input product labels for products that are not pre-approved by OEFFA and/or OMRI-listed
- Water tests
- Soil and/or plant tissue tests
- Residue analyses
- Labels for my organic products
- Other (*specify*)

**Submit completed form, fees, and supporting documents to:**

**OEFFA Certification  
41 Croswell Rd  
Columbus, OH 43214-3062**

**Please Note:** An incomplete application will significantly delay the certification process. Please double check that you have filled in all the information on this form.

# OEFFA ORGANIC CERTIFICATION FIELD HISTORY SHEET

**YOUR OSP WILL BE CONSIDERED INCOMPLETE IF YOU DO NOT FILL OUT THIS FORM**

**INSTRUCTIONS:**

Please summarize your management for the last three years in this format so that our records are clear and consistent. Your complete field activity logs will be reviewed at inspection.

**You must include ALL fields you farm.** The acreage and field identification information listed on this sheet must match the corresponding information listed on your farm map(s) and in the “Crops Requested for Certification” table in Section 2 of your Organic System Plan. Include all crops, cover crops, pasture, and woods. All inputs should be listed (i.e. seeds, seedlings, fertilizers, mulches, insecticides, herbicides, compost, manure). Include your plans for this year in the 2012 column, even if you have not yet used the inputs. Please include the last date a prohibited substance was used, if applicable. You may make copies of this sheet or request additional field history forms from the office if more space is needed.

In the “Field Status” column, please list “O” for Organic, “T” for Transitional, or “C” for Conventional.



Field # or Name	Field Status	# of Acres	2009		2010		2011		2012	
			Crop	Inputs & Date Used	Crop	Inputs & Date Used	Crop	Inputs & Date Used	Crop	Inputs & Date Used



# OEFFA Organic Wild Crop & Mushroom Addendum

Please fill out and submit this questionnaire **only if you are requesting organic wild crop and/or mushroom certification**. You may attach additional sheets if necessary. Please be sure to include your wild crop/mushroom production areas on your field history sheets and farm map. You must sign this form.

## SECTION 1: General Information NOP §205.401

Name	Date
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## SECTION 2A: Wild Crop Information NOP §205.207

*If you do any wild-crop harvesting, you must demonstrate compliance with NOP §205.207. Please complete the table below for wild crops.*

CROPS HARVESTED	COLLECTION AREA IDENTIFICATION (FIELD NUMBERS, NAME)	ACRES PER COLLECTION AREA	PROJECTED YIELDS	APPROXIMATE DATES OF HARVEST

**Do you own the land used for wild-crop harvesting?**  Yes  No

*If no, you must submit a Prior Land Use Affidavit. This form must be signed by the previous owner/manager. Contact the certification office to request Prior Land Use Affidavits.*

**What percentage of the available wild crop do you harvest annually?**

**How are wild-crops harvested?**  By hand  Mechanically

**Do you transplant any roots or other planting stock into the collection area?**  Yes  No

**If yes, how do you separate cultivated crops from wild-crops?**

- Fencing
- Posting signs
- Use of natural boundaries such as a stream or tree line
- Other (*specify*):

**Do you process the harvested crop other than washing and bagging?**  Yes  No

If yes, describe what processing procedures you perform:

**What methods do you use to ensure harvesting will sustain the wild crop and not be destructive to the environment?**

- Limiting collection to an amount or area
- Observation of entire area
- Limiting time of collection
- Other (*describe*):

## SECTION 2B: Mushroom Production Information NOP §205.207

**Please list the source of spawn for mushroom production:** \_\_\_\_\_

**Please list the substrate and fertility inputs you use.**

**Is substrate organic?**  Yes  No

*If you use logs in mushroom production, please attach a label for the plug material you use.*