

# PRIOR LAND USE DECLARATION<sup>B</sup>

If you are requesting certification for crops growing on land that has not been under your management for the past 36 months, have the previous manager of the land fill out and sign this form. The italicized directions tell you what additional items are needed.

The land listed below was under my management from \_\_\_\_\_ to \_\_\_\_\_.

**YES / NO**

**1.** This land was certified organic by \_\_\_\_\_ (name of agency) from \_\_\_\_\_ to \_\_\_\_\_. *Submit a copy of the most current organic certificate.*

**2.** This land was fallow (no seeds or inputs) from \_\_\_\_\_ to \_\_\_\_\_.

**3.** Manure was applied. *If no, go to question 6.*

**4.** The manure was from my farm operation. It included the following bedding or additives: \_\_\_\_\_  No Bedding or Additives

**5.** The manure was not from my farm. *Submit the Off-Farm Manure/Bedding Verification Form with the source and information about this manure.*

**6.** This land was farmed conventionally. The last planting of treated or GMO seed was on \_\_\_\_\_ and the last application of fertilizer or herbicide was on \_\_\_\_\_.

**7.** To the best of my knowledge, acceptable inputs for organic production were used. *Submit a 3-Year Field History for the land, listing crops and inputs, and provide original receipts for seeds and inputs listed.*

FIELD #	ACRES	SECTION NUMBER, TOWNSHIP & COUNTY	HOW LAND WAS USED DURING THIS PERIOD:

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_