

NON-GMO, SEWAGE SLUDGE, & IRRADIATION VERIFICATION



This verification needs to be from the original source or grower of the inputs.

For MOSA Associate _____

I have provided:

- Seeds/Planting Stock Inoculants
 Non-organic agricultural ingredients Other _____

Varieties or brand name(s) of product(s)

I affirm that the above product(s) have not been produced using genetic engineering, genetically manipulated organisms or ingredients, sewage sludge, or processed using ionizing radiation.

Signature _____ Date _____

Company and/or grower name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

NON-ORGANIC CROP USAGE



Track non-organic crops, including buffer harvests and crops in split or parallel production. Have available at inspection, along with invoices or scale tickets.

Field # _____	Date _____	Product harvested _____
Quantity harvested _____	Bin # or storage area _____	
<input type="checkbox"/> buffer crop	<input type="checkbox"/> transitional crop	<input type="checkbox"/> conventional crop
<input type="checkbox"/> sold as conventional	<input type="checkbox"/> used on farm for non-organic livestock	<input type="checkbox"/> other:
Sold or given to _____		

Field # _____	Date _____	Product harvested _____
Quantity harvested _____	Bin # or storage area _____	
<input type="checkbox"/> buffer crop	<input type="checkbox"/> transitional crop	<input type="checkbox"/> conventional crop
<input type="checkbox"/> sold as conventional	<input type="checkbox"/> used on farm for non-organic livestock	<input type="checkbox"/> other:
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OFF-FARM MANURE /BEDDING VERIFICATION



Use this form to provide information on bulk off-farm manure and/or bedding materials. Have the supplier of your manure and/or bedding complete this form. *(Note: This does not apply to packaged and labeled products.)*

I have provided _____ with _____
(name of organic producer)

SECTION 1: Off-Farm Manure Verification

MANURE Type of animals _____

Are any poultry from which this manure comes routinely fed arsenic compounds? (This includes forms of arsenic acid [roxarsone] and arsenic acid) Yes No

Check manure type

liquid manure solid semi-solid dehydrated pelleted other:

Does manure contain added ingredients (eg., digesters, minerals, barn lime)?

No Yes _____
(input added to manure)

Does manure contain bedding*?

No Yes _____
(type of bedding* in the manure)

*If bedding is wood based, provide verification below that wood shavings/sawdust come from untreated, raw sources.

Signature of Manager _____ Date _____

Name (print) _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

SECTION 2: Off-Farm Bedding Verification *(Complete this section only if wood-based bedding is being used.)*

BEDDING Type _____ Source/Co. _____

Does the wood based bedding come from untreated sources? No Yes

If no, list source/ingredients: _____

Signature of Manager _____ Date _____

Name (print) _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

ORGANIC LAND NOTIFICATION



This letter is to inform you, _____ (*individual/organization being notified*), that the property owned by _____ (*organic producer*), located in the county of _____ in the township of _____ is in the process of certifying or is certified organic by Midwest Services Association (MOSA). The National Organic Standards prohibit the use of synthetic fertilizers, herbicides, insecticides, sewage sludge, and genetically modified organisms on certified organic land. These prohibited substances can include fertilizers, soil amendments, pest and disease control substances, growth regulators and weed control agents. If you have any questions regarding this notification, contact MOSA at: 608-637-2526, mosa@mosaorganic.org, or PO Box 821, Viroqua, WI 54665.

Name of organic producer _____

Farm Name _____

Address _____

City/State/Zip _____

Effective date of certification _____

Location of organic land _____

PRIOR LAND USE DECLARATION (PLUD)



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 complete and sign this form.

The land listed below was under my management from _____ to _____.
month/year month/year

Field #	Acres	Section Number, Township and County	How land was used during this period

Check boxes below as applicable to your situation. Fill in the blanks and submit information as directed.

- This land was certified organic by _____ (name of certifier) from _____ to _____. If not certified by MOSA, submit a copy of the most current organic certificate.
- This land was woods, fallow or was in hay or pasture, and no seeds or inputs were used from _____ to _____.
- 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 _____.
- The land was managed organically and to the best of my knowledge, acceptable inputs for organic production were used. Provide a 3 Year Field History for the land, listing all crops and inputs, and provide original receipts for seeds and inputs listed.
- Manure* was either not applied or, if manure was applied, it contained no bedding or additives.
- The manure* was applied and contained the following bedding* or additives: _____

*If the manure applied did not come from your farm or if wood-based bedding was used, submit an Off-Farm Manure/Bedding Verification form to verify the source and information about this manure and/or bedding.

Signed _____ Print Name _____ Date _____
(previous manager)

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

MOSA producer seeking certification for this land _____

ORGANIC SEED SEARCH



Year

Name

Use this form if you plant nonorganic seed. Give to your inspector during your annual inspection.
Vegetable producers may provide this information in a different format.

Variety	Company	Date Contacted	What are your reasons for buying nonorganic seed?
			<input type="checkbox"/> Organic Unavailable <input type="checkbox"/> Variety Preference. Justify:
			<input type="checkbox"/> Organic Unavailable <input type="checkbox"/> Variety Preference. Justify:
			<input type="checkbox"/> Organic Unavailable <input type="checkbox"/> Variety Preference. Justify:
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			<input type="checkbox"/> Organic Unavailable <input type="checkbox"/> Variety Preference. Justify:

OFF-SITE TRANSPORTATION CLEANING VERIFICATION



Documentation of cleaning is necessary to demonstrate that organic integrity is maintained during transport of organic product.

This semi-trailer/container, license number _____ was cleaned using the following methods prior to loading of organic product:

swept air blown flushed washed other _____

Landowner/Shipper _____

Field/Lot number _____

Destination _____

Trucking/Shipping firm _____

Date loaded _____

Date delivered _____

Organic product _____

I hereby certify that the above equipment was cleaned thoroughly using the method(s) indicated.

Signed _____

Date _____

Title _____
(such as Owner or Driver)

VERIFICATION OF ADJOINING LAND USE



Use this form when you believe that no buffers or setback fences are necessary due to the nature of the adjoining land use. The organic producer may ask the manager of this adjoining land to sign this form instead of maintaining a buffer. This form may also be used to verify that the adjoining land is certified by another accredited certification agency. The organic producer should provide this form to the individual who signs it. This form should be filled out by the owner/manager of the adjoining land.

I verify that the following land under my management has not had synthetic fertilizers, herbicides or insecticides applied in the current year, nor will any be applied in the next _____ months or _____ years. In the event that I decide to use any such products, I will inform _____ of my plans.

(how many) (how many)
(name of organic producer)

OR

I verify that the following land adjoining _____ 's fields is certified organic by _____.

(name of organic producer)
(name of organic certification agency)

MOSA Producer: Organic Field ID# / Name	Adjoining Land Manager and Land Use	Distance and Direction from Organic Field
EXAMPLE: Joe Certified/Field #7	Jane Adjoiner: pasture	25 feet/NW of Field #7

Signature of Adjoining Land Manager _____ Date _____

Name (print) _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email (print clearly) _____

