



PRODUCER INFORMATION

Note: Print or type all information legibly. Applications will be returned if incomplete or illegible. If you download your application forms from the web, please be sure to download and read the guidance documents and Practice Manual. Copies of the guidance documents are available online at www.mofgacertification.org/certification-application-forms. If a question does not apply to your operation enter N/A for not applicable. All questions must be answered. All requested attachments, labels and MSDS sheets must be included with your application.

SECTION 1: APPLICANT INFORMATION

1.1. Operator name(s) (1) _____
Limit of 2 names on certificate (2) _____

Person in charge of day-to-day operations should be one of the names above. Name listed first will be the principal contact for this operation in our database. At least one of the individuals listed must be present and lead the annual inspections.

What are your pronouns? (optional) (1) _____
(2) _____

1.2. Farm or company name _____
Mailing Address _____
City _____ State _____ Zip/Postal Code _____
County _____ Country _____

1.3. Primary phone number _____ **Do not publish this number**
Phone number to publish _____
Cell phone number _____ Fax Number _____

1.4. Primary Email _____ **Do not publish this email**
Email to publish _____ Secondary email, if any _____

1.5. Website for publication _____

1.6. Farm or factory address/Physical address (if different from mailing address)
Address _____
Town _____ State _____ Zip _____

1.7. Legal Status Sole Proprietorship Trust/Non-Profit Corporation LLC Cooperative
Legal Partnership Other _____

1.8. Owner's name (if not one of the operators seeking certification) _____
Phone _____
Mailing Address _____
City _____ State _____ Zip _____

If this is a farm operation and you do not own all of the parcels of land on which crops or livestock are produced, you will need to identify landowners on the Field History Forms and submit a "Landowner Affidavit" form.

1.9. What is the best way to contact you? _____

What is your primary language? (optional) (1) _____
(2) _____

Do you need any accessibility accommodations (i.e., hearing, visual, learning, physical, translation)? If so, please list them below (optional):

1.10. **Certification is being sought for the following (check all that apply):**

- Crops (vegetables, herbs, flowers, grain, berries, hay etc.) (Fill out Farm Plan, etc.)
- Blueberry Only (Fill out Blueberry Supplement, etc.)
- Other Livestock or Poultry (Fill out Livestock and/or Poultry Supplement, etc.)
- Dairy (Fill out Dairy Supplement, etc.)
- Processed Products On-Farm (Fill out On-Farm Processing Supplement)
- Processor/Handler (Fill out Organic Handling Plan, etc.)
- Maple syrup (Fill out Maple Syrup Plan, etc.)
- Sea Vegetables (Fill out Sea Veg Supplement, etc.)
- Mushrooms (Fill out Mushroom Supplement)
- Wild harvest crop (Fill out Wild Crop Supplement)

(Processing and Handling includes slaughter houses or operations doing any type of preservation, alteration, combination, packaging or re-packing of agricultural products.)

1.11. Have you ever applied for organic certification before? Yes No.
If YES, What year(s)? _____ Certifying Agent: _____
Did you surrender this certification? _____ What was the reason? _____

1.12. Has this operation ever been certified under another organic producer? Yes No.
If Yes, name of producer: _____

1.13. List all current organic certifications by other agencies (include agency names):

1.14. Have you ever been denied certification or had your certification suspended or revoked? Yes No
If YES, what year(s)? _____ What agency? _____

You must enclose a copy of any notice of noncompliance or denial of certification and a description of the actions taken by you to correct any non-compliances.

1.15. a) How many years of experience do you have farming? _____ years.

b) Briefly describe your farming experience:

1.16. Farm History. To the best of your knowledge, explain **briefly** the history (especially for the last 3 years) of the development and use of the land to be certified.

1.17. **Please attach a map of your farm.** This can be a NRCS map, aerial photograph, or drawn map. NRCS maps, available from your local NRCS office, are preferred. Maps should include and designate each of the following: a.) open land, woods, wetlands, bodies of water, and buildings; b.) nature of adjacent land; c.) **all** separately numbered or named fields or plots and their sizes including fields on which cover crops or conventional crops are grown; and, d.) locations of farm roads and public roads; e.) buffers, as needed. If you are a maple syrup producer or honey producer, identify sugar maple stands and hives on your maps, respectively. If you are a livestock producer, identify all structures that house animals.

NOTE: if you are using aerial photography, please provide an overall map showing field locations relative to each other.

NOTE: If you draw a map of your farm be as accurate as you can.

1.18. **Please give directions to your farm for your inspector to follow.** Inspectors have found that a photocopy of the Delorme Atlas or any other map marked with the farm or facility's location can be very helpful.

1.19. Are you certifying fields that are a distance from your farm? If so, please state the distance and the driving time from the farm.

1.20. Do you work with a crop consultant or farm advisor? If yes, please provide your consultant's name and contact information.

SECTION 2: MARKET INFORMATION

2.1 Below is a list of some common types of markets where organic producers sell products. Please select the markets where you sell your products (or are planning to sell your products). Market information is published on the MCS website and used by MOFGA's marketing specialist.

<input type="checkbox"/> CSA	<input type="checkbox"/> Other Farmers
<input type="checkbox"/> Senior Shares	<input type="checkbox"/> Pick Your Own (PYO). Please List crop(s): _____
<input type="checkbox"/> Farm Shares	<input type="checkbox"/> Processors
<input type="checkbox"/> Fairs & Festivals	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Farmers Cooperatives	<input type="checkbox"/> Specialty Stores
<input type="checkbox"/> Farmers Markets	<input type="checkbox"/> Supermarkets
<input type="checkbox"/> Institutions (e.g., schools)	<input type="checkbox"/> Trade or Barter

<input type="checkbox"/> Mail Order/Phone/Web	<input type="checkbox"/> Wholesalers (e.g., Horizon Milk)
<input type="checkbox"/> Natural Food Stores	<input type="checkbox"/> Distributors
<input type="checkbox"/> On-Farm (farm stand or farm store)	<input type="checkbox"/> Other:

Please name the specific markets you would like MOFGA to publish so customers can find your products:

2.2 Do you have a catalog or brochure? Yes No. If YES, please attach a copy.

2.3. Do you sell crops or processed products harvested or processed by other operations? Yes No

If YES, please complete the following:

Product	Source	Organic?	Certified?	Certifier:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2.4. If you sell any conventional (non-organic) products, please list them.

2.5 If you are selling conventional (non-organic) products, what steps are you taking to separate and identify these products from your organic products when you prepare goods for sale and when you present goods for sale?

2.6. Exports and Imports

1. Do you sell/export product or supply ingredients for export to:

Do not export Canada EU Japan Korea Switzerland Taiwan

If you supply a business who will use your product as an ingredient in their end product that is exported to any of the above countries, then you need to check the box above for the corresponding country of export and submit an International Export Supplement. Additionally, if you export product directly to any of these countries you must complete an International Export Supplement. Refer to the Import/Export Transactions section of the MCS Practice Manual or contact your MCS Staff Specialist.

2. Do you import product(s) or purchase imported product(s) from:

Do not import Canada EU Japan Korea Switzerland Taiwan Mexico

If you import or receive product imported from any of the countries listed above, you must maintain:

1. Current/Valid Organic Certificates of the supplier.
2. For each country except Canada above, you must obtain a 'TM-11 NOP Import Certificate' signed by the supplier's Organic Certifier which lists the product(s), amounts, and lot number(s) received and which match your purchase invoices.

Refer to the Import/Export Transactions Section of the MCS Practice Manual or Contact your MCS Staff Specialist.

SECTION 3: PRODUCER DEMOGRAPHICS SURVEY *(This survey is optional)*

MOFGA Certification Services is hoping to gain a more complete picture of MOFGA certified organic producers in order to provide better service and programming. *This information is confidential and will not be shared with any parties outside of MOFGA and MOFGA Certification Services.*

1) What is your gender? (check all that apply):

Primary Operator

Female

Male

Non-binary

Transgender

Prefer to describe: _____

Prefer not to say

Secondary Operator (if applicable)

Female

Male

Non-binary

Transgender

Prefer to describe: _____

Prefer not to say

2) What is your age?

Primary Operator

18 - 30 years

31– 45 years

45 – 60 years

60 – 75 years

75+ years

Secondary Operator (if applicable)

18 - 30 years

31– 45 years

45 – 60 years

60 – 75 years

75+ years

3) Please specify race/ ethnicity/ indigeneity (check all that apply):

Primary Operator

- American Indian, Alaska native or First Nations
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- White
- Prefer to describe: _____
- Prefer not to say

Secondary Operator (if applicable)

- American Indian, Alaska native or First Nations
- Asian
- Black or African American
- Hispanic or Latinx
- Native Hawaiian or Pacific Islander
- Middle Eastern or North African
- White
- Prefer to describe: _____
- Prefer not to say

4) Do you work an additional job(s) in addition to your certified farm or operation?

Primary Operator

- Yes
- No

Secondary Operator (if applicable)

- Yes
- No

5) Do you employ workers (non-family) on your farm or operation? Yes No

If yes:

Seasonal

- 1 – 5
- 5 – 10
- 10+

Year-round

- 1 – 5
- 5 – 10
- 10+

6) Do you take advantage of MOFGA's array of Farmer Resource educational programs, conferences and technical services? Yes No

If yes, please check those programs and services you participated in during the past year:

- Farmer Training Programs
- Financial series and resources
- Marketing resources
- Technical Assistance
- Shared Use Farm Equipment
- Spring Growth Conference
- Farmer to Farmer Conference
- Other: _____

Thank you for participating!