Washington State Dept. of Agriculture Organic Program
PO Box 42560, 1111 Washington St. SE
Olympia, WA 98504-2560
(360) 902-1805, organic@agr.wa.gov
https://agr.wa.gov/organic

Fee Code 4102

Previous Land Use Declaration – WSDA Organic Program

Operation seeking certification

Site no: _____
(Office use only)

Business Name: _____ **Cert No:** _____

Operation completing this form

This form is to be completed by either: the individual who managed the site during the transition period for which the applicant is seeking certification or the individual who has previously certified this site with the WSDA Organic Program.

Business Name: _____ Name of previous manager: _____

Site information

1. Site name *(example: North Field, Circle C-1, Fuji Blocks 28-35)* _____

   The site name should match how you reference this production site in your input material application records. The site name does not need to match how the operation seeking certification will reference it.

2. Site location: _____

   Street address, GPS coordinates, and/or Township, Range, Section

3. Acreage of the site: _____

Management

4. Identify the time period when you were responsible for the management of this site.
   Start date: *(Month/Day/Year)* _____ End date: *(Month/Day/Year)* _____

5. Is this site currently, or has this site previously been, certified organic or transitional?
   ☐ Yes ☐ No

   5a. If yes, identify the following:

   i. Date of your last organic inspection: *(Month/Day/Year)* _____

   ii. The name of the certifier: _____

   iii. Your organic certification number: _____

   iv. Site number as listed on your certificate: _____

   5b. If yes, will any acreage associated with this site remain under your management?
   ☐ Yes, a portion of the site remains on my certificate. Acres remaining: _____
   ☐ No, site completely removed from my certificate

6. Have any treated seeds been planted on the site while under your management?
   ☐ Yes ☐ No

   6a. If yes, provide the brand name of the treatment and the date the seed was planted.

   _____

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7. Indicate all types of production and activities that occurred while under your management. ***Only*** include information for the transition period for which the applicant seeks certification or since the site was last inspected by the WSDA Organic program.

Crop Category	Dates Produced	Acreage	Crop Category	Dates Produced	Acreage
Apple			Nuts		
Berries			Pasture		
Grains			Pears		
Grapes			Stone fruit		
Hay/Silage			Vegetable		
Herbs			Non-productive		
Other:			Other:		

Attach additional pages if needed, alternative records may be used provided they include all applicable information

8. List any input materials (fertilizers, soil amendments, pesticides, etc.) that have been applied while under your management. ***Only*** include information for the transition period for which the applicant seeks certification or since the site was last inspected by the WSDA Organic program.

☐ N/A—No input materials have been applied while under my management.

Material name	Date of Application *(Month/Day/Year)*

Attach additional pages if needed, alternative records may be used provided they include all applicable information

If currently or previously certified by the WSDA Organic Program, provide the new manager with a copy of your organic or transitional certificate highlighting the site this application references.

By printing your name below and providing this form you attest all information provided in it is correct and complete.

Print name: _____ Date: _____

Email: _____ Phone no: _____