

## Affidavit of Land History

- ▶ This page is your attestation of materials applied to the land during your management control and is necessary to determine the parcel's eligibility for organic certification. If you have a special situation regarding verification of land use, contact CCOF to discuss it.
- ▶ Where more than one party must attest to activities, use additional copies of this Affidavit, available at [www.ccof.org](http://www.ccof.org).
- ▶ To establish land history CCOF may require additional verification from government agencies, such as Pesticide Use Reporting, or other sources, such as contract materials applicators. **Making a false statement to an accredited certifying agent shall be subject to the provisions of section 1001 of title 18, United States Code. (NOP §205.100(c)(2)).**

Parcel name: \_\_\_\_\_

Block/lot numbers, if applicable: \_\_\_\_\_ Acreage of parcel: \_\_\_\_\_

Parcel address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Geographical coordinates, geo code, latitude/longitude, County Assessor's Parcel Number (APN), Section/Township/Range (S/T/R), or other parcel location description: \_\_\_\_\_

**A. I have direct and comprehensive knowledge of the activities and material applications which have taken place at the parcel named above during the time period: (select one)**

\_\_\_\_\_ through \_\_\_\_\_ OR  \_\_\_\_\_ through the present.  
MM/DD/YY MM/DD/YY MM/DD/YY

**B. I have this knowledge because: (select one)**

- I owned the parcel and controlled activities taking place there during the time period above.
- I managed the parcel and controlled activities taking place there during the time period above.
- Other (describe): \_\_\_\_\_

**C. The following is a complete list of ALL materials applied to the parcel during the time period indicated above (or for the past three years, whichever is most recent), including the current crop cycle. Provide full product and manufacturer names as they appear on the product label, and application dates.**

- No materials (including fertilizers, pest control products, treated seed, adjuvants, or any other materials) were applied to the parcel during the time period indicated above.
- No materials (including fertilizers, pest control products, treated seed, adjuvants, or any other materials) were applied to the parcel since the DLPM provided in Section F.
- I have attached \_\_\_\_\_ (#) additional pages which list all materials applied during the time period indicated above.
- All materials applied during the time period indicated above are listed in the table below:  
*Include all fertilizers, pest control products, and other products (treated seeds, adjuvants, etc.). Mark the type for each item.*

Full Product Name	Full Manufacturer Name	Application Date(s)	Type

**D. I attest that the above is complete and correct to the best of my knowledge.**

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_