



## Hemp Production Attestation

On January 19, 2021, the USDA Agricultural Marketing Service issued the [U.S. Domestic Hemp Production Program final rule](#). This final rule provides criteria for the USDA to approve state and tribal hemp production plans and establishes a Federal plan for producers in states or Indian territories that do not have a USDA-approved plan. The rule does not affect hemp currently cultivated under the 2014 Farm Bill's [Statement of Principles on Industrial Hemp](#).

To obtain organic certification of hemp, you must meet the policy outlined in [NOP Instruction 2040](#), Organic Certification of Industrial Hemp Production, which requires that domestic hemp be produced in accordance with the 2018 Farm Bill's U.S. Domestic Hemp Production Program or the 2014 Farm Bill's Statement of Principles on Industrial Hemp.

### Instructions:

- Complete this attestation to demonstrate that your hemp production complies with NOP Instruction 2040.

**CCOF Operation Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

### A. Hemp is being produced under one of the following:

- ☐ Hemp cultivation in accordance with the 2014 Farm Bill's Statement of Principles on Industrial Hemp.
- ☐ Hemp cultivation in accordance with the 2018 Farm Bill's U.S. Domestic Hemp Production Program.
- ☐ N/A – Hemp production consists of seedlings/planting stock only, which is not currently covered by the Federal hemp production program (subject to change at adoption of final rule).

### B. Authorized Contact Statement

Hemp Production is subject to state and federal laws and regulations. I, the authorized contact for this operation, attest that I have read and understand NOP 2040 and relevant documents referenced therein, and that my hemp production meets these requirements. I understand that it is my responsibility to comply with all applicable federal and state laws and regulations and will make records available to verify this upon request and/or at inspection.

|                           |           |      |
|---------------------------|-----------|------|
| Name (Authorized contact) | Signature | Date |
|---------------------------|-----------|------|

