



Texas Department of Agriculture
Producer Organic System Plan

ROR-607

COMMISSIONER SID MILLER

SECTION A	¹VERIFICATION INFORMATION <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name:		D.B.A. (if applicable):
	Facility Name:		Client No. Account No.
	Contact Individual:		

SECTION B	¹GENERAL INFORMATION AND DOCUMENTATION CHECKLIST	
	<p>Please fill out this form if you are requesting organic producer certification for land. Use additional sheets if necessary. Complete all sections of the form, or mark "Not Applicable" where appropriate. If your operation is currently certified by TDA and you are submitting one or more changes to your Organic System Plan (OSP), complete only the sections that have changed and mark the corresponding check box(s) below. Failure to complete applicable sections of the form will delay processing your application for certification. Sign and date this form. Please use this checklist to ensure that your application is complete and to avoid processing delays.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Completed and enclosed form ROR-600, Application for Organic Certification. <input type="checkbox"/> City or County Map designating general directions and locations of farms or fields <input type="checkbox"/> Additional documentation to verify farm history <ul style="list-style-type: none"> <input type="checkbox"/> Aerial maps and FSA base records for the previous three years of each field to be certified. <input type="checkbox"/> Form ROR-621 Previous Land Owner/Manager Affidavit for Organic Land Certification. <input type="checkbox"/> Any supporting affidavits or statements regarding three-year production and input history. <input type="checkbox"/> General Farm Map (Section C) <input type="checkbox"/> Listing of Fields, Greenhouses/Indoor Production Area (Section D) <input type="checkbox"/> Field Crop/Greenhouse Plan for the one year certification period (Section E) <input type="checkbox"/> Preceding three-year material use information (Section F) <input type="checkbox"/> Buffer Zone Information (Section G) <input type="checkbox"/> Greenhouse/Indoor Unit Information (Section H) <input type="checkbox"/> Record Keeping History and Plan (Section I) <input type="checkbox"/> Soil and Crop Fertility Management (Section J) <input type="checkbox"/> Recommended Tests (See instructions for information on tests) <ul style="list-style-type: none"> <input type="checkbox"/> Soil Fertility Test Results <input type="checkbox"/> Water Quality Test Results (only if irrigation used) <input type="checkbox"/> Soil and Water Conservation Plan (Section K) <input type="checkbox"/> Propagation Materials (Section L) <input type="checkbox"/> Copies of Organic Certificates for certified organic seed <input type="checkbox"/> Form ROR-622 Organic Seed and Planting Stock Disclosure <input type="checkbox"/> Pest Management Plan (Section M) <input type="checkbox"/> Maintenance of Organic Integrity (Section N) <input type="checkbox"/> All applicable input labels <input type="checkbox"/> Affirmation Statement (Section O) 	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

SECTION B (CONTINUED)	¹GENERAL INFORMATION (CONTINUED)	
	Do you intend to certify any livestock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(livestock includes all type of animals raised to produce organic food or fiber)	
	If yes, have you filled out Organic Livestock form (ROR-603)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please note that you must complete an Organic Livestock Producer Supporting Documentation form (ROR-603) in order to certify animals. Please contact the Texas Department of Agriculture (TDA) Organic Certification Program with questions or to request additional forms.	
	Do you conduct any on-farm processing? (cleaning, milling, bagging, bottling, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, you may need to fill out an Organic Processor Supporting document form. Please contact the TDA Organic Certification Program to confirm which processor form you will need to complete or to request additional forms.	
	Do you have any off-farm processing done? (cleaning, milling, bagging, bottling, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, the processing facility must also apply for certification of organic product prior to handling/processing of your organic product	
	Do you have any on-farm storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide a brief description of what products will be stored.	
	Please describe what your sanitation and handling practices are.	

SECTION C	¹GENERAL FARM MAP	
	On the General Farm Map diagram page that follows, display the layout of your farm with relative location of all fields. Fields should be separate and distinct with a field numbering system that is followed throughout this application. Do not duplicate field numbers.	
	For larger farms, make copies of the General Farm Map diagram page as needed for multiple field locations	
	Show the following on your map(s): field boundaries (fences, roads windbreaks, etc), buffer zones, adjoining land use, well locations, waterways, buildings, and other landmarks.	
	If you have multiple locations, indicate which location each map represents.	

¹ LISTING OF FIELDS, GREENHOUSES/INDOOR PRODUCTION AREAS – Please see instructions NOP §205.202(b)							
Unit/Field No. should coincide with numbering system used on map(s) in Section C. The transition Expiration Date is equal to 36 months from the date that a prohibited substance was last used on a field.							
Unit/Field No.	USDA-FSA No. (if applicable)	County	Unit/Field Type	Size		Transition Expiration Date	Is this field irrigated?
				No.	Type		
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Organic <input type="checkbox"/> Transitional <input type="checkbox"/> Organic Greenhouse/Indoor Prod. <input type="checkbox"/> Transitional Greenhouse Prod.		<input type="checkbox"/> Ac. <input type="checkbox"/> Sq. ft.	/ / month day year	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D

¹PRECEEDING THREE-YEAR MATERIAL USE INFORMATION				NOP §205.202(b) & §205.201(b)(2)		
Field or Production Unit No. _____		<input type="checkbox"/> Not Applicable – no materials of any kind have been used during the last 3 years Proceed to Section G - Buffer Zone Information				
Annual Update	Previous Year (_____)	Current Year (_____)				
New Application	Previous Year (_____)	2 Years Ago (_____)			3 Years Ago (_____)	
	Material Name	Date Last Used	Material Name	Date Last Used	Material Name	Date Last Used
Insecticides						
Fungicides						
Herbicides						
Growth Regulators						

Continued on Next Page

¹PRECEEDING THREE-YEAR MATERIAL USE INFORMATION (CONTINUED)						NOP §205.202(b) & §205.201(b)(2)	
Field or Production Unit No. _____							
Annual Update	Previous Year (_____)		Current Year (_____)				
New Application	Previous Year (_____)		2 Years Ago (_____)		3 Years Ago (_____)		
	Material Name	Date Last Used	Material Name	Date Last Used	Material Name	Date Last Used	
Foliar Applied Fertilizers							
Soil Applied Fertilizers							
Soil Amendments							
Other							
Are any other fields treated in an identical manner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list field numbers: _____ (Separate pages for identical fields are not required.)							

SECTION F (CONTINUED)

Please attach additional copies for each field not treated in an identical manner

SECTION G (CONTINUED)	¹BUFFER ZONE INFORMATION (CONTINUED)		NOP RULE §205.201(A)(5) & §205.202(C)		
	Have you posted "No Spray" signs along roadside right-of-ways that adjoin organic fields?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Have you communicated with entities responsible for roadside maintenance about your organic status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do any fields or portions of fields flood frequently? (more than once every ten years)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Do flood waters flow onto your land from areas that may pose a risk of contamination (i.e. manufacturing facilities, conventional farms, open waterway, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	How do you monitor for crop contamination?		<input type="checkbox"/> Visual Observation	<input type="checkbox"/> Residue Analysis	<input type="checkbox"/> GMO Testing
		<input type="checkbox"/> Other (list)	<input type="checkbox"/> Photographs	<input type="checkbox"/> Wind Direction Speed Data	
How often do you conduct crop contamination monitoring?		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually	<input type="checkbox"/> As Needed
		<input type="checkbox"/> Other (list)			

SECTION H	¹GREENHOUSE-INDOOR UNIT INFORMATION		<input type="checkbox"/> Not Applicable – No greenhouse-indoor unit	
	Complete for each production unit (as listed in Section D).		Proceed to Section I – Record Keeping History	
	Greenhouse-Indoor Production Unit No. _____			
	²GREENHOUSE-INDOOR UNIT INFORMATION - PRODUCTION SYSTEM			
	(Check all that apply)			
	<input type="checkbox"/> In-ground (soil)	<input type="checkbox"/> Raised beds	<input type="checkbox"/> Soil filled benches	<input type="checkbox"/> Lined benches
	<input type="checkbox"/> Containers/pots	<input type="checkbox"/> Suspended containers/pots	<input type="checkbox"/> Plastic/paper bags	<input type="checkbox"/> Plastic covered floor
	<input type="checkbox"/> Hydroponics	<input type="checkbox"/> Sprouts (water only)	<input type="checkbox"/> Sprouts (in growing medium)	
	<input type="checkbox"/> Other (describe)			
	Do you grow seedlings for transplants?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What types of input products do you use, or plan to use, in the greenhouse? (List all input products in Section J.)				
<input type="checkbox"/> Soil additives <input type="checkbox"/> Foliar feed <input type="checkbox"/> Pest management <input type="checkbox"/> Disease management.				
Do you use commercial soil media?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what is the product name and ingredients? Please include a product label. <input type="checkbox"/> Label Included				
Do you make your own planting medium?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, list all ingredients used:				

SECTION H (CONTINUED)	³ GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING TYPE			
	<input type="checkbox"/> Individual greenhouse unit <input type="checkbox"/> Gutter-connected greenhouse units <input type="checkbox"/> Partitioned greenhouse units <input type="checkbox"/> Enclosed building <input type="checkbox"/> Enclosed individual room <input type="checkbox"/> Other (describe)			
	⁴ GREENHOUSE-INDOOR UNIT INFORMATION - AREA SIZE (in feet)			
	Length	Width	Number of sections	Total Sq. Ft
	⁵ GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION			
	Covering <input type="checkbox"/> None <input type="checkbox"/> Glass <input type="checkbox"/> Wood or plastic lathe <input type="checkbox"/> Polyethylene <input type="checkbox"/> Wire screen <input type="checkbox"/> Plastic/fiberglass <input type="checkbox"/> Shade cloth <input type="checkbox"/> Wallboard/paneling/wood covering <input type="checkbox"/> Other (list)			
	Framing <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other (list)			
	Flooring <input type="checkbox"/> Soil <input type="checkbox"/> Gravel <input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Other (list)			
	Cooling system (i.e.; water evaporative pads, air-cell, etc.) <input type="checkbox"/> Controls only unit to be certified <input type="checkbox"/> Controls multiple units – Are all certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how do you prevent contamination? Explain: <input type="checkbox"/> Other (list)			
	Fans, heaters, air exchange systems <input type="checkbox"/> Controls only unit to be certified <input type="checkbox"/> Controls multiple units: - Are all certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how do you prevent contamination? Explain: <input type="checkbox"/> Other (list)			
Irrigation watering systems <input type="checkbox"/> Supplies only unit to be certified <input type="checkbox"/> Supplies multiple units – Are all certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how do you prevent contaminations? Explain: <input type="checkbox"/> Other (List)				

SECTION H (CONTINUED)	⁵ GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION (CONTINUED)
	Do drainage, gutters, and /or water collection systems prevent contamination of run-off from other areas, buildings or additional greenhouses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no prohibited materials used in adjacent areas/buildings
	Are any prohibited materials applied within 50-feet of the greenhouse or production area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are organic crops protected from drift/contamination?
	Is all information on this page identical for other units? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list unit numbers: _____ (separate pages for these units are not required) How are pests and diseases managed in the greenhouse? Explain:

SECTION I	¹ RECORD-KEEPING HISTORY – In the three years prior to application for certification	NOP §205.103
	Has there been any agricultural use of the land (including turf, pasture and/or lawn)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, Skip to Subsection ² Record-Keeping Plan)	
	Have any farm activity records been maintained? (cultivation, planting, irrigation, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have any records been kept of purchase, types of materials and application of off-farm inputs? (soil amendments) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None used	
	Have any records of purchase, certification or treatment of propagation materials been maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None used	
	If any crops have been produced, have production records been maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No crops grown	
	If any crops have been produced, have sales records been maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No crops harvested	
	² RECORD-KEEPING PLAN	
	Please indicate the records that you maintain or will maintain regarding your Organic production:	
	<input type="checkbox"/> Previous Land Use Affidavit	<input type="checkbox"/> Storage Records
	<input type="checkbox"/> Field Activity Log	<input type="checkbox"/> Harvest Records
	<input type="checkbox"/> Copies of No Spray Letters	<input type="checkbox"/> Sales Records
	<input type="checkbox"/> Documentation of Seedling Production	<input type="checkbox"/> Clean Transportation Affidavit
	<input type="checkbox"/> Documentation of Seed Production	<input type="checkbox"/> Monitoring Records (soil or water test, etc.)
<input type="checkbox"/> Fertility Input Labels	<input type="checkbox"/> Documentation of Attempts to Source Organic Seeds or Planting stock.	
<input type="checkbox"/> Manure Application Records	<input type="checkbox"/> Complaint Log	
<input type="checkbox"/> Compost Production Records	<input type="checkbox"/> Photographs	
<input type="checkbox"/> Pest Control Labels	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Labor Records		
<input type="checkbox"/> Equipment Cleaning Records		
How many years do you plan to maintain records related to your organic production?		

NOP §205.203 & §205.205

¹SOIL AND CROP FERTILITY MANAGEMENT - GENERAL INFORMATION AND EVALUATION

What are your general soil types? Sandy Sandy Loam Loam Clay Clay Loam Other

Are these soils Highly Erodible (HEL)? Yes No Do not know

How do you monitor the effectiveness of your fertility management program?

- | | | |
|---|--|--|
| <input type="checkbox"/> ¹ Soil testing | <input type="checkbox"/> ¹ Tissue testing | <input type="checkbox"/> ¹ Crop quality testing |
| <input type="checkbox"/> ² Observation of soil | <input type="checkbox"/> ² Observation of crop yields | |
| <input type="checkbox"/> Other (explain) | | |

¹ Provide copies of soil test results. Copies Attached

²How will you record or document your observations?

What are your soil /nutrient deficiencies? (List below and provide a copy of your most recent soil analysis if applicable).

Copy Attached

What is the organic matter level in your soil?

What are the major components of your soil and crop fertility plan? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Inter-planting | <input type="checkbox"/> Green manure plow down/cover crops |
| <input type="checkbox"/> Incorporation of crop residues | <input type="checkbox"/> Sub-soiling | <input type="checkbox"/> On-farm manures |
| <input type="checkbox"/> Compost | <input type="checkbox"/> Soil inoculants | <input type="checkbox"/> Off-farm manures |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Side dressing | <input type="checkbox"/> Summer fallow |
| <input type="checkbox"/> Other | | |

Describe your plan to increase or balance nutrients and to maintain or improve organic matter:

SECTION J

SECTION J (CONTINUED)	²SOIL AND CROP FERTILITY MANAGEMENT - COMPOST USE	<input type="checkbox"/> Not Applicable - No compost used - Proceed to Section J - C. Manure Use																																													
	<p>NOP Rule 205.203(c)(2) requires that the composting process include a carbon to nitrogen ratio between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.</p> <p>Do you mix your own compost? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List all compost feedstock ingredients and additives.</p> <p>What is your C:N ratio?</p> <p>Do you monitor the temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what average temperature is maintained?</p> <p>How long is this temperature maintained?</p> <p>Is compost windrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many times are materials turned?</p> <p>Do you use commercial compost or compost made off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach copies of labels or a list of ingredients and their source. <input type="checkbox"/> Copies Attached</p>																																														
	³SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE	<input type="checkbox"/> Not Applicable - No manure used – Proceed to Section K - ¹ Soil and Water Conservation Plan																																													
<p>NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil surface or soil particles, or 90 days prior to harvest for all other crops for human consumption.</p> <p>What forms of manure do you use? <input type="checkbox"/> None</p> <p><input type="checkbox"/> Liquid <input type="checkbox"/> Semi-solid <input type="checkbox"/> Piled <input type="checkbox"/> Fully composted</p> <p><input type="checkbox"/> Other (list)</p> <p>What types of crop(s) do you grow? (Check all that apply)</p> <p><input type="checkbox"/> Crops not used for human consumption</p> <p><input type="checkbox"/> Crops for human consumption whose edible portion has direct contact with the soil or soil particles</p> <p><input type="checkbox"/> Crops for human consumption whose edible portion does not have direct contact with the soil or soil particles</p> <p>If you grow crops for human consumption and use raw manure, complete the following table. If composting manure, please complete Section J – B. Compost Section above.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Crop(s)</th> <th style="width: 15%;">Field No.</th> <th style="width: 20%;">Date Manure Applied or plan to apply</th> <th style="width: 20%;">Amount Applied</th> <th style="width: 20%;">Expected Date of Harvest</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Crop(s)	Field No.	Date Manure Applied or plan to apply	Amount Applied	Expected Date of Harvest																																								
Crop(s)	Field No.	Date Manure Applied or plan to apply	Amount Applied	Expected Date of Harvest																																											

³SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE (CONTINUED)

SECTION J (CONTINUED)

What is the source of the manure you use? On-Farm Off-Farm

List all sources of off-farm manure.

List all manure ingredients.

Is anything added to the manure? Yes No

If yes, list all additives.

What are the potential contaminants? (pit additives, feed additives, pesticide, antibiotics, heavy metals, etc.)

If the manure is tested for contaminants, please attach a copy of the results. Copy Attached Not Tested

¹SOIL AND WATER CONSERVATION PLAN (CONTINUED)

SECTION K (CONTINUED)

What practices are used to protect water quality? Scheduling Fencing to limit livestock access
 Tensiometer/monitoring Compost/fertilizer stored or protected from water sources Laser leveling

How often do you conduct water quality monitoring?

Date your water was last tested _____. (Attach a copy of your last test) Copy Attached N/A

Does your water contain excess salts or nutrients that affect your soil improvement plan? Yes No

If yes, how are these issues addressed?

¹PROPAGATION MATERIALS

NOP §205.204

Annual seedlings must be produced according to organic standards. Non-organic perennial plantings (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. **Organic seeds and planting stock must be used if commercially available.** Contact us if you need to request a variance to use non-organic seedlings because of an emergency.

What kinds of propagation materials do you use?

- Seeds Cuttings Bulbs Crowns Budding Annual Transplants
- Rootstock Offsets Shoots Slips Tubers Rhizomes
- Biennials Sprigs Seedlings Trees Grafts Perennials
- Other (list)

²PROPAGATION MATERIALS - ANNUALS

Not Applicable - No annuals used
Proceed to Section L - B. Perennial Plant Stock

Do you purchase organic propagation materials? Yes No Some, but not all
If yes, who are the Suppliers?

What proportion of your propagation materials are organic? 100% Over 50% Under 50% None

If certified, by which agency?

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) Yes No

If yes, list:

If you are NOT using organic seed or planting stock, explain how the varieties fulfill an essential function in your farm plan.

How do you document your attempts to locate organic seed and planting stock?

Have you kept your seeds labels? Yes No

Do you have all labels for seed inoculants? Yes No

Do you have invoices for all your purchases of propagation materials? Yes No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? Yes No

SECTION L

³PROPAGATION MATERIALS - PERENNIAL PLANT STOCK

Not Applicable - No perennial plant stock used
Proceed to Section M - ¹Pest, Disease and Weed Management Plans

Do you purchase organic propagation materials? Yes No Some, but not all
If yes, who are the Suppliers?

What proportion of your propagation materials are organic? 100% Over 50% Under 50% None

If certified, by which agency?

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) Yes No
If yes, list:

If you are NOT using organic seeds or planting stock, explain how the varieties fulfill an essential function in your farm plan.

How do you document your attempts to locate organic seeds and planting stock?

If you are using non-organic perennial stock, explain how you will bring it into organic production?

Have you kept your seeds labels? Yes No

Do you have all labels for seed inoculants? Yes No

Do you have all labels for seed coatings? Yes No

Do you have invoices for all your purchases of propagation materials? Yes No

Are these documents maintained and readily available for an inspector to review during your on-site inspection? Yes No

SECTION L (CONTINUED)

4PEST, DISEASE AND WEED MANAGEMENT PLANS - WEED MANAGEMENT

NOP §205.205 & §205.206

What are your weed problems?

What weed control methods do you use?

- Crop rotation
- State seed bed planting
- Soil sterilization
- Flame weeding
- Field preparation
- Prevention of weed seed set
- Mechanical cultivation
- Steam weeding
- Hand weeding
- Monitoring soil temperature
- Soap-based herbicides
- Electrical
- Mowing
- Use of fast emerging varieties
- Use of hand tools
- Smother crops
- Synthetic mulch
- Non-synthetic mulch
- Livestock grazing
- Delayed seeding
- Black fallow
- Other (list)

Do you keep records of how often you utilize these weed control methods, i.e. dates and fields when you cultivate or apply a soap-based herbicide? Yes No

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?

- Yes No N/A no plastic or other synthetic mulches used

If no, explain.

Do you use soap-based herbicides Yes No If yes, list all areas where used.

Do you use newspaper or other recycled paper for mulch? Yes No

If yes, do you use paper with glossy or colored inks? Yes No

How do you monitor the effectiveness of your weed management program?

How often do you conduct weed monitoring?

SECTION M (CONTINUED)

¹MAINTENANCE OF ORGANIC INTEGRITY - PARALLEL PRODUCTION							NOP §205.201(a)(5) & §205.202(c)
Do you grow the same crops organically, as well as in transition, and/or conventionally? <input type="checkbox"/> Yes <input type="checkbox"/> No This is called “parallel production.” If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.							
If you grow any conventional or transitional crops, please fill out the following tables. <input type="checkbox"/> Not Applicable							
SECTION N	Specific crops/varieties	Field Numbers	*T or C	Plant or utilize **GMO	Total Acreage	Crop same as Organic crop?	Planned use of crop (Sale, non-organic livestock feed, seed, etc.)
				<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	
				<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	
				<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	

*T = Transitional C = Conventional
 ** GMO = Genetically Modified Organisms

³MAINTENANCE OF ORGANIC INTEGRITY - HARVEST

NOP §205.201(a)(5) & §205.202(c)

NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.

How are your organic crops harvested? Mechanical By hand

Are any organic crops custom harvested? Yes No If yes, provide name and address of custom harvester:

Describe steps taken to protect organic crops from commingling and contamination during harvest.

What containers are used for harvesting?

- Gravity wagons / boxes Truck boxes Cardboard / wax boxes Wooden totes Plastic containers
- Other (specify)

Are the containers used for organic crops only? Yes No

Are the containers new or used? New Used If used, what did they contain prior to organic use?

SECTION N (CONTINUED)

	⁴ MAINTENANCE OF ORGANIC INTEGRITY – POST-HARVEST HANDLING	NOP §205.201(a)(5) & §205.202(c)
SECTION N (CONTINUED)	NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials. For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review.	<input type="checkbox"/> Not Applicable - No post-harvest handling Proceed to Section N - E. Crop Storage
	Describe your post-harvest handling procedures and equipment: Do you use water to clean organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your water come from a public utility or a private well? <input type="checkbox"/> Public Utility <input type="checkbox"/> Private Well If water comes from private well, has it been tested for compliance with the Safe Drinking Water Act? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your water analysis results. <input type="checkbox"/> Copies Attached Is the processing area and/or equipment used for both organic and non-organic crops/products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe steps taken to prevent commingling and contamination. How do you protect packaging from possible contamination? Types of packaging materials used? (check all that apply) <input type="checkbox"/> Bulk (no packaging materials) <input type="checkbox"/> Paper <input type="checkbox"/> Cardboard <input type="checkbox"/> Wood <input type="checkbox"/> Glass <input type="checkbox"/> Metal <input type="checkbox"/> Goil <input type="checkbox"/> Plastic <input type="checkbox"/> Waxed paper <input type="checkbox"/> Aseptic <input type="checkbox"/> Natural fiber <input type="checkbox"/> Synthetic fiber <input type="checkbox"/> Other (specify) _____ In what form are finished products shipped? (check all that apply) <input type="checkbox"/> Dry bulk <input type="checkbox"/> Liquid bulk <input type="checkbox"/> Tote bags <input type="checkbox"/> Tote boxes <input type="checkbox"/> Paper bags <input type="checkbox"/> Foil bags <input type="checkbox"/> Metal drums <input type="checkbox"/> Mesh bags <input type="checkbox"/> Cardboard drums <input type="checkbox"/> Cardboard cases <input type="checkbox"/> Plastic crates <input type="checkbox"/> Other (specify) _____	

⁵MAINTENANCE OF ORGANIC INTEGRITY – CROP STORAGE					NOP §205.201(a)(5) & §205.202(c)
Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be kept and maintained.			<input type="checkbox"/> Not Applicable - No organic storage Proceed to Section N - F. Transportation		
Describe your storage locations (attach additional sheets if needed). Storage bins/areas must be shown on farm maps					
Storage ID#	Type of Crop Stored	Type of Storage	Aeration Yes or No	Capacity	(O) Organic or (N) Non-Organic
			<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		
Do you use the same storage area for organic and non-organic (including buffer and transitional) crops? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, how do you segregate organic crops from non-organic crops in storage?					
How do you clean storage areas prior to storage of organic crops?					
How do you control rodents in crop storage areas?					
What stored crop inputs have you used in the last three (3) years? <input type="checkbox"/> None <input type="checkbox"/> Synthetic fumigants <input type="checkbox"/> Rodenticides <input type="checkbox"/> Sprouting inhibitors <input type="checkbox"/> Ripeners <input type="checkbox"/> Growth regulators <input type="checkbox"/> Preservatives <input type="checkbox"/> Oils <input type="checkbox"/> Coloring agents <input type="checkbox"/> Waxes <input type="checkbox"/> Diatomaceous Earth (DE) <input type="checkbox"/> Other (specify)					
Are any stored-crop inputs used or planned for use on organic crops or in organic storage areas this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list inputs, and submit labels for review. (List) <input type="checkbox"/> Labels Attached					

SECTION N (CONTINUED)

**6 MAINTENANCE OF ORGANIC INTEGRITY - TRANSPORTATION
NOP §205.201(a)(5) & §205.202(c)**

Not Applicable – Crops are not transported - Proceed to Section O – Affirmation

Who is responsible for arranging transportation of organic products? Self Buyer Other (specify)

Describe how organic products are transported (from field/harvest to sale).

What potential contamination or commingling issues could occur during the transport of organic crops? None

What steps are taken to protect the integrity of organic products during transport?

- Inspecting transport units prior to loading Dedicated organic only
- Cleaning transport units prior to loading Clean Truck Affidavits
- Letter/contract with transport company stating organic requirements
- Other (specify)

How are methods of protecting organic product integrity during transport documented?

SECTION N (CONTINUED)

AFFIRMATION:

I affirm that all statements made in this application are true and correct. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Standards & Certification Program. I agree to follow the Organic Foods Production Act of 1990 and all other TDA Organic Standards & Certification rules and statutes.

The applicant, by and through their personal or agent's signature below:

- (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge;
- (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and
- (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agricultural product sold or labeled as organically produced except in accordance with Title 7, Part 205, of the U.S. Code of Federal Regulations. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant

SECTION 0

Signature of Applicant: _____ *Date:* _____

Print Name: _____

I have attached the following documents:

- Notice(s) of non-compliance or denial of certification from other certifying agencies
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- Form ROR-600 Organic Certification Application

I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture (TDA)
Organic Certification Program
P.O. Box 12847
Austin, TX 78711