



COMMISSIONER SID MILLER

Texas Department of Agriculture
Previous Land Owner/ Manager Affidavit
For Organic Land Certification

ROR-621

SECTION A	¹ VERIFICATION INFORMATION	
	Account Name or Applicant's Business Name:	Account Number (if applicable):
	Legal Description of each Property (This information can be copied from deeds, property tax records, lease agreements contracts, or other acceptable documents.) Please attach additional sheets as necessary	

Please complete a separate form for each organic field, except where multiple fields were managed by the same land owner/manager and are part of the same property's legal description.

It is the applicant's responsibility to document that any land to be used for certified organic production qualifies under the National Organic Program (NOP) regulations, specifically Sections 205.103, 205.202, and 205.105. The TDA may require additional documentation, including but not limited to Federal Crop Insurance Corporation (FCIC) or Farm Service Agency (FSA) records. By submitting this form along with an application for organic certification, the applicant grants the TDA permission to request and review all such records.

To qualify land for organic certification that has not been under the applicant's control for at least the past 36 months, this form must be completed and verified by the previous land owner/manager(s). A previous land owner/manager is someone who had control over the use of the property during the past three years. If more than one person has had control of the land during the past 36 months please have each of these people complete a separate form.

SECTION B	¹ VERIFICATION INFORMATION FOR THE PREVIOUS LAND OWNER/MANAGER		
	Name of Previous land owner/manager		
	Address of Previous land owner/manager's		
	City	State	Zip code

SECTION C	¹ VERIFICATION OF LAND QUALIFICATIONS TO BE COMPLETED BY PREVIOUS LAND OWNER/MANAGER		
	How long did you manage this property?	From start date	To end date
	Were synthetic fertilizers applied to this property in the last 36 months of ownership/management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Were synthetic pesticides applied to this property in the last 36 months of ownership/management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Were any (other) prohibited materials, listed in Subpart G of the National Organic Program Regulations applied to this property in the last 36 months of ownership/management?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Complete Section D if you answered YES to any of the above questions; otherwise, skip to Section E			

This application 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 522.021, 522.023, and 559.004.)

Account Name/Applicant Business Name: _____

Account No.: _____

SECTION E	¹ SIGNATURE	
	I certify that the information provided in this form is correct and accurate to the best of my knowledge regarding the time period the property indicated on this form was under my ownership/management.	
	Print name of previous land owner/manager	Title (Owner/Manager)
	Signature of previous land owner/manager	Date (mm/dd/yyyy)