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| --- | --- | --- | --- |
| **Operation Name:** |  | **Date:** |  |

► Use this form to transfer one certified organic parcel between two **OTCO certified** farms. The Operation Name listed above is the farm to which the parcel will be transferred. Note that this land will be removed from the certificate of the previous manager.

►Please complete a separate form (pages 1-2) for each physically separate, non-adjacent parcel. A parcel may include one field or many fields.

► In order to approve this transfer without an inspection, the parcel must have been inspected within the previous 12 months from the transfer date.

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| **NOP §205.202** Any land used to produce crops that will be sold or represented, as ‘organic’ must have had no prohibited substances applied to it for at least 3 years preceding the date of harvest of the organic crop. |

1. **PARCEL LOCATION AND DESCRIPTION**

**To be completed by the previous manager:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Operation Name: |  | | | | | | | |
| 1. Parcel name or code: |  | | | | | | | |
| 1. Total acreage certified organic at this location: |  | | | | | | | |
| 1. Street address: |  | | | | | | | |
| City: |  | | | County: |  |
| State/Province: |  | | | Zip |  | Country: |  |
| **To be completed by the current manager:** | | | | | | | | | |
| 1. Parcel name or code to be used: | |  | | | | | | |
| 1. When did you begin (or do you plan to begin) managing this parcel? (e.g., the date you bought, began leasing, or otherwise became responsible for the management of the land). | | | | | M  D  Y | | | |
| 1. When do you plan on harvesting a certified organic crop from, or grazing organic livestock on, this parcel?   *Please note that no crop may be sold as organic or fed to organic livestock until the land is officially transferred and is shown on your certificate.* | | | | | M  D  Y | | | |
| 1. Total Acreage to be certified organic at this location: | | |  | | | | | |
| 9) List crops currently grown (or planned to be grown) on this parcel, with the acreage for each crop. Attach an additional list if necessary. | | | | | | | | |

| Crop | # of Acres | Crop | # of Acres | Crop | # of Acres |
| --- | --- | --- | --- | --- | --- |
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## BOUNDARIES AND BUFFERS

List below any areas near or adjacent to this parcel where prohibited materials are applied. Attach an additional list if necessary.

| Border  (N, S, E, W) | Type of adjoining land use  (non-organic corn, native vegetation, etc.) | Type and width of buffer (i.e. farm road 20ft., grass strip 5 ft.) | Is crop grown in buffer area?  (Y/N) |
| --- | --- | --- | --- |
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1. **MAPS**  Attached

Please attach an 81/2” x 11” map of the parcel listed above. The map may be an Assessor’s Parcel Map, an aerial photo, or other map that **clearly shows the boundaries of the parcel.** Please include the following information on your map:

1. Parcel name or code
2. Indication of north
3. Location, description, and size of buffer areas
4. Neighboring land uses (such as non-organic crop land, pasture, diversion ditch, etc.).
5. Organic and non-organic production/processing areas
6. Location of buildings to other useful landmarks (e.g., other buildings on-site, distinctive features, roads, etc.)
7. Existing installations of treated lumber (Lumber treated with arsenate or other prohibited substance may not be used for new installations or replacement purposes where it comes into contact with soil or crops).
8. If your irrigation source is used for the application of prohibited materials to non-organic land, show a piping diagram of valves and/ or backflow prevention devices that prevent contact with prohibited materials, or attach a separate map.

We attest that the information contained in this form is complete and accurate and that this land has been maintained and will be maintained under the Organic System Plan of the managing party. We understand that the land will be removed from the previous landowner/managers(s) certificate and added to the current landowner/managers(s) certificate.

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| **Important Information Regarding Electronic Signatures:** Oregon Tilth recognizes and permits the use of electronic signatures in the conduct of its business. By checking the box below, you willingly consent to the use of electronic signatures in the conduct of your business with Oregon Tilth.  **AGREE** |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Landowner/Manager(s): |  |  |  |
|  | Name | Signature | Date |
| Current Landowner/Manager(s): |  |  |  |
|  | Name | Signature | Date |