

PCO

Prior Land Use

Office use only
Received:

Today's Date: _____

Name of PCO Applicant / Certified Operation: _____

Date assumed / assuming management (MM/DD/YYYY): : _____

Address of field(s) and field name(s)/number(s):

*The location and field identification information must match the information submitted on the map.

The following is to be completed by the prior land manager if applicant/certified operation has managed this land for less than 3 years as of submission date.

I verify that the following is true and correct to the best of my knowledge:

1) I owned or managed the land identified above from (MM/DD/YYYY) _____ until _____.

2) I understand that the applicant is seeking organic certification for the land.

3) During the time that I owned or managed the land, prohibited materials (such as synthetic fertilizers or pesticides, urea, hydrated lime, ground wallboard, and treated seed) listed in the National Organic List of Allowed and Prohibited Substances in §205.105 of 7 CFR 205, USDA-NOP Final Organic Rule:

were NOT applied to the land.

Yes, I applied a prohibited material. (see back)

I'm NOT sure. (see back)

Name of prior land manager: _____

Address of prior land manager: _____

Phone Number of prior land manager: _____

Signature of prior land manager: _____

If you answered “**yes**” or “**not sure**,” complete the table below with the material/ seed treatment you are not sure about.

Field Name or Number	Name of Material	Manufacturer / Source of Material	Date of Last Application (MM/DD/YYYY)

Attach additional sheets if necessary.