

**BAYSTATE ORGANIC CERTIFIERS
NEW FIELD or GREENHOUSE HISTORY AFFIDAVIT**

Please fill out this form **for each field, pasture, or greenhouse** that you are certifying for the first time. The form must be signed for each of the previous 3 years by the manager of the field or greenhouse for that year. If you managed the field, pasture, or greenhouse in each of the preceding years then you should sign the form for each year. You may substitute letters from past managers or other documentation as long as your documentation contains the same information as this form. In addition, please attach evidence that the field, pasture, or greenhouse has been managed organically for the past 3 years. Evidence may include field records, invoices for input purchases, or statements from previous field managers. If you cannot show that the areas have been managed according to the National Organic Standards, then Baystate will designate the area as transitional, and assign a date as to when they can be certified organic.

Field, Pasture, or Greenhouse ID(s) _____
Date of Application and Name of Last Prohibited Substance applied: _____ _____
Planned 2016 crops: _____

CROP YEAR 2015: Crops grown: _____

Inputs 2015 (e.g. amendments, fertilizers, pesticides; if purchased, give brand names): _____

I attest that in 2015 these substances were the only substances applied to this area, and that no substance prohibited by the National Organic Program was applied to this area (except as noted above, if applicable).

Manager 2015 _____ **Signature** _____ **Date** _____

CROP YEAR 2014: Crops grown: _____

Inputs 2014 (e.g. amendments, fertilizers, pesticides; if purchased, give brand names): _____

I attest that in 2014 these substances were the only substances applied to this area, and that no substance prohibited by the National Organic Program was applied to this area (except as noted above, if applicable).

Manager 2014 _____ **Signature** _____ **Date** _____

CROP YEAR 2013: Crops grown: _____

Inputs 2013 (e.g. amendments, fertilizers, pesticides; if purchased, give brand names): _____

I attest that in 2013 these substances were the only substances applied to this area, and that no substance prohibited by the National Organic Program was applied to this area (except as noted above, if applicable).

Manager 2013 _____ **Signature** _____ **Date** _____