

Application Checklist – New Mushroom

This checklist and Organic Mushroom Plan may only be used to certify organic mushroom operations. To certify any other crops or production, contact our office for other forms you will need. All forms and documents must be complete for your application to be reviewed, inspected, and a certification certificate issued. Incomplete applications will be placed on hold until missing documents are submitted. Call or email Baystate if you have any questions about the application forms.

STEP 1: Complete Your Organic System Plan	
<input type="checkbox"/>	Complete all pages of the Organic Mushroom Plan.
<input type="checkbox"/>	List all growing areas requested for certification on page 2 of the Organic Mushroom Plan. They may be listed individually or grouped together, but all IDs must be listed.
<input type="checkbox"/>	Sign and date the Affidavit section of your Organic Mushroom Plan (the last page of the document)
<input type="checkbox"/>	Complete the Field History Affidavit for every outdoor growing area that is part of your operation. Attach documentation showing that they have been managed organically for 3 years.
STEP 2: Other Required Information	
<input type="checkbox"/>	Submit an <u>overall</u> map showing the location of all outdoor growing areas, including adjoining land use and buffer zones. If you can, submit FSA or Google Earth satellite maps.
<input type="checkbox"/>	For any indoor production, submit a facility map showing the location of all growing areas, equipment and storage.
<input type="checkbox"/>	Submit samples of any labels you will be using to identify your products as organic. Labels may be submitted after you are certified but before products ship or are sold or represented as organic.
<input type="checkbox"/>	Submit samples of the records you keep. We only need a page or two of each type of record. Please submit records that show all aspects of your operation, including tapping dates and #s of taps, dates/amounts of sap collection, syrup and valued-added products produced, cleaning records for equipment, and sales records. If you do not currently maintain records, you must show what records you will maintain going forward.
<input type="checkbox"/>	Submit water test results for water used in washing mushrooms or product packing. Municipal water does not need to be tested. Only a coliform test is required.
<input type="checkbox"/>	Complete a Directions Sheet included with the application packet.
<input type="checkbox"/>	If you do not have 50-foot buffers around all fields between organic and any adjoining conventional production, list all reduced buffers in your Organic Farm Plan and submit completed Abutter Form(s) if there is adjoining land posing a risk of contamination to your organic production.
<input type="checkbox"/>	If you are exporting products to any country, or importing feeding or ingredients from any country, submit the Export/Import Addendum.
<input type="checkbox"/>	Submit any additional information that you believe will aid Baystate Organic Certifiers in evaluating your operation
STEP 3: The Fee Worksheet	
<input type="checkbox"/>	Complete the Fee Worksheet (the last page of the Fee Schedule) and include that page with your application. Please be sure to include the \$150 new operation fee into your certification fee payment. The new operation fee payment is a one-time fee in addition to your annual certification fee.
<input type="checkbox"/>	Enclose a check for your certification fee made payable to Massachusetts Independent Certification or Baystate Organic Certifiers.

STEP 4: Mailing the Application Packet

You have two options for submitting your application materials, described below. Whichever method you choose, you must retain a complete copy of all materials with your own records:

- HARD COPY:** Send the completed Organic Mushroom Plan, all attachments, and the Fee Worksheet to Baystate Organic Certifiers, c/o Don Franczyk, 1220 Cedarwood Circle, North Dighton, MA 02764. Include a check for your certification fee.
- DIGITAL COPY:** Email the Organic Mushroom Plan, all attachments, and the Fee Worksheet to applications@baystateorganic.org. Then either email a PDF of the signed Affirmation page of the Mushroom Plan or mail a hardcopy version with your check. The check for your certification fee must be mailed to Baystate Organic Certifiers, c/o Don Franczyk, 1220 Cedarwood Circle, North Dighton, MA 02764

You have two options for receiving your renewal application materials. Please indicate how you would like to receive update applications in future years.

- I would like to receive my renewal applications as hardcopies by mail.
- I would like to receive my renewal applications digitally by email:

We would like to know...

How did you hear about Baystate? Check all that apply:

- Crop consultant
- Neighbor or other organic operation
- Farm event or conference
- Internet search
- Baystate's website/Facebook/Instagram
- Advertisement
- Other (specify):

Do you have any questions or comments? We'd like to hear from you:

Directions Sheet

205.201

Operation name:

Main inspection location:

Please give general directions to the farm/facility we will be inspecting from the nearest state or interstate highway. Please note that the inspector will not be coming from our Massachusetts mailing office, so mapping directions from that address are not helpful.

You may submit driving directions from the nearest highway.

Please provide any hints, landmarks or special instructions that will be helpful for the inspector finding your location (i.e., any notes on GPS not being accurate to your location, special considerations for seasonal road quality for winter maple inspections, and alternative meeting places such as a nearby crossroads.)

Additional Site(s):

List all additional inspection sites here. Attach directions to the additional sites or write them on the back of this form.

Abutter Form

Please complete this form for any adjoining conventional fields.

SECTION 1: General Information	205.201
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Farm name:	Date:
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SECTION 2: Field Information	205.203
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Neighbor's Name:

Neighbor's Farm Name, if applicable:

Address:	Phone:
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Complete the table for each organic field that abuts this property:

Organic Field ID#	Neighbor Abutting Field Identification

Check which statement applies:

I verify that the following fields//areas under my management have had no synthetic fertilizers, herbicides or insecticides applied in the last 12 months. I have no plans to use these synthetic products on these fields in the future 12 months. In the event that I do use any synthetic fertilizers, herbicides or insecticides, I will inform the organic farm listed above of my plans.

I verify that the following fields/areas under my management have had prohibited pesticides, herbicides or fungicides applied in such a manner as to minimize the risk of drift to the neighboring organic fields and/or applied at a time of the season when the organic crop is either not in the ground or has no marketable above ground parts.

Name and Type of Material	Method of Application	Equipment Used for Application	Dates Applied

I verify that the above statements are true and accurate.

Signature of Neighbor: _____ Date _____