

History Affidavit for New Maple Stands

Complete this form for every new stand to be certified. Multiple stands may be listed on one page if they are at the same address. Stands from separate locations will need separate forms to include their addresses. **Each signature block needs to be completed for all previous 3 years by the person managing it that year.** You may substitute signed letters from past managers or other documentation if your documentation contains the same information as this form. With these signatures, you are attesting that these inputs were the only substances applied and that nothing prohibited by the NOP Standards was applied. **Note: List the specific date of the last prohibited input, if applicable.**

205.201, 205.203								
Operation name:					Physical Address of New Stands:			
	2023		2022		2021		2020	
Location ID #	Crops Planned	Inputs Used and Planned <small>(e.g., manure, Pyganic, Entrust)</small>	Crops Grown	Inputs Used	Crops Grown	Inputs Used	Crops Grown	Inputs Used
Acreage or Sq Ft	Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____	
Location ID #	Crops Planned	Inputs Used and Planned	Crops Grown	Inputs Used	Crops Grown	Inputs Used	Crops Grown	Inputs Used
Acreage or Sq Ft	Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____	
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Acreage or Sq Ft	Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____	

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Acreage or Sq Ft	Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____	
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Acreage or Sq Ft	Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____		Manager: _____ Signature: _____ Date: _____	