

**GEORGIA CROP IMPROVEMENT ASSOCIATION ORGANIC CERTIFICATION PROGRAM**

**ORGANIC FARM RE-CERTIFICATION SHORT FORM**

*This form should be filled out by crop producers requesting re-certification. Use additional sheets if necessary.*

Name		Farm		Type of Farm	
Address			City		St.
					Zip Code
					Country
Phone		Fax		E-mail	
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
What year did you last submit a complete Organic Farm Plan Questionnaire?					
How have you addressed previous noncompliance conditions from last year's certification? <input type="checkbox"/> No conditions					
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the circumstances:			

*Please complete the following table for all crops or products requested for certification and have complete field history sheets and current farm maps available for review by inspector.*

CROPS REQUESTED FOR CERTIFICATION	FIELD NUMBERS	TOTAL ACRES	PROJECTED YIELDS

**List any changes you would like to make to the previous year's organic plan:**

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**List changes to, deviations from, modifications to or amendments to the previous year's organic plan: (use additional paper as needed)**

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I/we, \_\_\_\_\_, operating under the name of \_\_\_\_\_, do hereby affirm that all information supplied is true and accurate. I affirm my commitment to abide by the National Organic Program Standards. No prohibited products, including genetically engineered products, have been used, applied, or otherwise allowed to compromise the integrity of the organic products sold by me. I understand that failure to follow the Organic Standards or giving false information may result in the de-certification of my operation. I further understand that the operation may be subject to unannounced inspection.

\_\_\_\_\_  
Signature of Operator

\_\_\_\_\_  
Name of Operator

Date \_\_\_\_\_