Name: ____ Certification #: ____________

Livestock List NOP §205.236

Please provide a list of all animals requested for certification. Poultry may be identified by flock. The following information may be provided in another format as a substitute for this table if it contains equivalent information. Use additional pages as needed.

TYPE OF LIVESTOCK	IDENTIFICATION #/ NAME	DATE OF BIRTH	ORGANIC SLAUGHTER ELIGIBLE? *~Managed organically from the last third of gestation* *~No prohibited/restricted substances used*	NOTES *Include any information pertaining to slaughter eligibility, use of prohibited substances, date of purchase & seller, sold, died, etc.*
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
			☐ yes ☐ no	
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