



OEFFA Certification

150 East Wilson Bridge Road, Suite 230, Worthington, Ohio 43085

Phone: (614) 262-2022 ♦ Fax: (614) 421-2011 ♦ organic@oeffa.org

Prior Land Use Statement

Today's date: _____ Name of OEFFA applicant/operation: _____

Date OEFFA operation began management: _____ Total acres requested: _____

Address(es) and names/numbers of the fields requested:

The location and field information must match the farm map and the Field History Sheet or New Field Plan

The following is to be completed by the prior land manager for the portion of the prior three years under their management. Blank areas are not permitted and the form will be returned for completion.

I verify the following is true and correct to the best of my knowledge:

- 1.) I had control of the land beginning on (date) _____ and gave/will give control to next land manager on (date) _____
 - a. If the land is currently certified: (certifier: _____ dates certified: _____ to _____)

2.) I understand that the applicant is seeking organic certification for this land and that this is a legal document.

- 3.) During the time I managed the land (during above dates), prohibited materials such as (but not limited to) synthetic fertilizers, pesticides and herbicides, hydrated lime, urea, recycled gypsum, treated seed, etc. were applied?

 no, they were not applied yes, they were applied (complete back) not sure (complete back)

If alfalfa was planted during or after 2011 (or other GMO sensitive perennial crop), is this crop still in production?
 no yes, I have provided non-GMO documentation

Name of prior manager: _____

Address of prior manager: _____

Phone number of prior manager: _____

Signature of prior manager: _____

You may only sign for years under your management. If you only managed some of the prior three years, only provide information regarding the time under your direct management.



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If you answered “yes” or “not sure” on the prior page, you must complete page 2

Field name or number	Name of material	Manufacturer or source of material	Date of application (MM/DD/YYYY)

Copy this page and provide additional sheets if needed.