AMERICERT INTERNATIONAL

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		•	Grower Plan App NOP A3AOGP-v. 062309 Page 1 of 14	endices			
eration Name:			Primary Authorized Represe	entative:			
ate Form Submitted: Al CLIENT NUMBER (IF Appl.)							
		APPI	ENDICES OVERVIEW				
mpleted appendix feration by operation	rom this form submitte n of the contract with A	d to AI becomes inco and the USDA Natio	orporated into the Organic	Grower Applica I Rule. Though o	ower Application and Plan. A ation and is binding on the su divided into individual appen submitted.	ıbmitting	
ease indicate w	vhich Appendix/Ap	pendices are be	eing completed and	submitted to	Americert Internationa	al:	
Appendix	I-Designation of A	dditional Autho	rized Representative	es and Secur	ed Users. Page 2.		
Appendix	II-Supplemental F	elds, Parcels or	Crops. Page 2.				
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☐ Appendix	VI-C-4-Plan and Re	port for Transp	ort of Crops. Page 1	4.			
been duly authori affirm that I have	ized or appointed to act	and affirm that I amon the operation's be	ehalf and, in my capacity as	ative and agent for agent, to bind to	for the operation in this matter the operation. Additionally, I sequest and that each question	swear and	
	prized Representative:			Date Signed:			
i i	•	n an original handw	ritten signature, nlease ente	1i -	 r of your first name, your last i	name and	

the last three digits of your social security number (e.g. JSMITH024.)

NOP Organic Grower Plan Appendices Form# NOP A3AOGP-v. 062309 Page 2 of 14 Appendix I-Designation of Additional Authorized Representatives & Secured Users Operation Name: Last 3 Digits of Authorized Phone Number: Name Role/Title/Position Secured User? Date of Birth Representative? Soc Sec. Number Appendix II-Supplemental Fields, Parcels or Crops Operation Name: A. Parcel Information (Note: A parcel is defined as single piece of land. A parcel may contain several fields and other features, but they are contained within the parcel. Separate parcels of land are sections of land which are separated by land which is not owned or controlled by the operator.) Parcel Location County + General Description of Owned (O), How long owned, leased Parcel Name or Identifier Address or GPS Total Acreage this Parcel Parcel (Features, Leased (L), or managed? or Managed (M) Coordinates of Entrance Production, Etc.) B. Field or Production Area Information (Note: A field or production area is a distinct area on a parcel where organic production is takes place or is intended to take place. In some instances, (e.g. some citrus groves) the entire parcel is essentially one large production area. In other instances, some fields on a parcel may be organic and some fields not. The information requested in this section is, unless otherwise indicated, regards the fields or production areas intended for organic certification. Greenhouses, mushroom production, etc. are considered production areas and should be disclosed here as well.)

Field or Production Area Name of Identifier	Parcel Where Located	Total Acreage this Field or Production Area	General Description of Field or Production Area	Date of Last Application of Prohibited Substance?

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C. Crop Information (Please list every crop produced or planned for production on lands for which certification is requested.)

	1			$\overline{}$			
Crop (& Variety)		ed or Intended for Planting	Field(s) Where Grown		Estimated Yield		Are these crops grown as non- organic on any parcel controlled by the operator?
Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully.							
*Signature of Authorized Repres	sentative:				Date Signed:		
*To use an Electronic Signature rather than an original handwritten signature, please enter the first letter of your first name, your last name and the last three digits of your social security number (e.g. JSMITH024.)							

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Appendix II-A-Land Use	Report	and Affidavit					
Operation Name:							
NOTE: THE NOP FINAL RULE FOR THREE YEARS PRIOR TO THE FOR ANY PARCEL OR FIELD WYOURSELF FOR MORE THAN TO Parcel or Fields	HE HARVE 'HICH A) I	EST OF THE FIRST CER HAS NOT PREVIOUSLY	TIFIED ORGANIC CROP. PLEA	ASE	COMPLETE THE FOL	LOWIN	G REPORT AND AFFIDAVIT
1st Parcel Name or Identifier	Parcel Location County +Address or GPS Coordinates Of Entrance		Total Acreage			How Long Owned Leased or Managed?	
If this land has been owned, mar the date of the last known applic							
If this land has not been owned, attached a sworn, notarized affic last known date of an application	davit of the	e last owner or manager					
Under penalties of perjury, I s been duly authorized or appo affirm that I have read and ag and application has been ans	inted to gree, on b	act on the operation' behalf of the operatio	s behalf and, in my capacity	as a	agent, to bind the op	eration	n. Additionally, I swear and
*Signature of Authorized Repres	entative:				Date Signed:		
*To use an Electronic Signatu the last three digits of your so				nter	the first letter of yo	ur first	name, your last name and
2nd Parcel Name or Identifier		cation County+Address pordinates Of Entrance	Total Acreage	Owned (O), Leased (L) or Managed (M)		.) or	How Long Owned Leased or Managed?
If this land has been owned, managed or leased by you for the past three years, please indicate the date of the last known application of a prohibited substance to this parcel or field:							
If this land has not been owned, managed or leased by you for the past three years, have you attached a sworn, notarized affidavit of the last owner or manager establishing the date of the last known date of an application of a prohibited substance?							
Under penalties of perjury, I s been duly authorized or appo affirm that I have read and ag and application has been ans	inted to gree, on b	act on the operation' behalf of the operatio	s behalf and, in my capacity	as a	agent, to bind the op	eration	n. Additionally, I swear and
*Signature of Authorized Repres	entative:				Date Signed:		
*T Cl(:- O:	-4				t tl C t l- t		<i>c</i> , , , , , , , , , , , , , , , , , , ,

NOP Organic Grower Plan Appendices Form# NOP A3AOGP-v. 062309 Page 5 of 14 **Appendix II-G-Greenhouse Production Plan and Report** Operation Name: 1. Please list the number of greenhouses used, the construction type, size, and crops produced in the greenhouse(s): 2. Is greenhouse production grown in containers, in the ground, or in raised beds? Please explain fully: 3. If greenhouse production is in the ground, describe how you can prove the ground has been free of prohibited substances for at least three years? 4. Is treated wood (arsenate or other) used anywhere in the greenhouse, tables, or beds? (If yes, the treatment, when installed, and how you prevent contamination of organic production from water run-off or direct contact.) 5. Are all inputs (soil, media, fertilizers, fungicides, etc.) used in greenhouse production listed in Section VII.C. of the Organic Grower Application and Plan? (If not, please list here.) 6. Are all greenhouses listed as production areas in Section II.B. of the Organic Grower Application and Plan? (If not, please list here.) 7. Do you have greenhouse production of organic and non-organic crops or seedlings in any greenhouse? If so, please describe how you prevent accidental contamination or commingling between the organic and non-organic crops. 8. How do you prevent contamination or commingling of soil or media when potting organic and non-organic seedlings and containers? 9. How do you identify organic production areas so as to prevent accidental contamination of organic production or commingling with non-organic production? 10. How do you store non-organic inputs as to prevent accidental contamination of organic production through accidental use of non-organic inputs? 11. How do you prevent contamination of organic production through pest control product use, or drift, drip or other contamination from non-organic production in the area? 12. How do you clean beds or production containers between crops? What practices do you have in place to ensure that this process does not contaminate containers or beds used for organic production?

Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully.

*Signature of Authorized Representative: Date Signed:

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Appendix III-B-Policy an	Appendix III-B-Policy and Report on the Use of Non-Organic Seeds							
Operation Name:								
1. Complete the following tab	le for seeds	used for product	ion or planned	for use which	ar	e not or will not be c	ertified	d organic:
Crop, Variety, and Type	substitute a	rganic variety or vailable in form, quality required?		suitability of varieties.		List Suppliers Contacte Methods Used to Searc rganic Varieties or Subs	h for	Is documentation of search maintained? (Inspector will check documentation)
2. For the non-organic seeds listed above, how do you verify that they are not reated with prohibited substances, are non-GMO and produced without the use of GMOs, irradiation, and sewage sludge (bio-solids)?								
3. What percentage of your crops are produced using non-organic seeds? And now do you intend to reduce your reliance on non-organic seeds in the next 12 months?								
Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully.								
*Signature of Authorized Repr	esentative:					Date Signed:		

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Appendix IV-A-1-Policy and Re	port	on Manure Use 					
Operation Name:							
1. Please indicate which of the follow	ing typ	pes of manure products are us	sed in production	n:			
A Dry Processed or Pre-Mixed Fo							
A Liquid (or Dry Soluble Base) Pro	ocesse	d or Premixed Formulated Fer	tilizer Containing	g I	Manure.		
Manure Produced On-Farm.(Incl.	dried,		lding or other litt	tei	r.)		
Manure Produced Off-Farm (Inc	I. dried	d, aged, or mixed with stall be	dding or other lit	tte	er.)		
Compost Produced On-Farm							
Compost Produced Off-Farm							
Compost Tea (containing any ma	nure b	pased component or ingredien	it.)				
2. In your own words, describe your use of products in production:	f manu	ire, compost, or manure based					
!' ! !							
3. If you use any dry processed or premixe	ed fertil	lizer containing manure, or a		_			
liquid (or soluble base) fertilizer containin farm compost, please identify the name of							
the source of the product:		. 31 1					
4. If you identified any manure product as describe your compost method, including							
N ratio (if known), and how these factors	are doc	cumented:					
5. Please describe the crops or fields on w							
applied, as well as the frequency and voludocument this information in a log, journal							
describe?							
6. The NOP Regulations have strict time liapplications can be made. This varies base							
manure is applied to is intended for huma applied, and whether or not the crop com							
days prior to harvest for crops whose edit contact with the soil, 120 days prior to ha	ole port	tions do not come into direct					
come into direct contact with the soil.) Ho regulations and how do you document the	ow do y	ou comply with these					
to which crops?							
Under penalties of perjury, I swear, a							
been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan							
and application has been answered t					,	,	
				7.7			
*Signature of Authorized Representative:					Date Signed:		

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Appendix IV-A-2-Policy and Re	port on Compost Use							
Operation Name:								
Please indicate which of the follow	ving types of compost or compost ba	ased products are	used in production:					
A Dry Processed or Pre-Mixed Fo	ormulated Fertilizer Containing Com	post.						
A Liquid (or Dry Soluble Base) Pr	ocessed or Premixed Formulated Fe	rtilizer Containing	Compost.					
Compost Produced On-Farm.(Inc	cl. dried, aged, or mixed with stall be	edding or other lit	ter.)					
Compost Produced Off-Farm (In	Compost Produced Off-Farm (Incl. dried, aged, or mixed with stall bedding or other litter.)							
Compost Tea (containing any ma	nure based component or ingredier	nt.)						
2. Does the compost you referred to one of its ingredients? If so, what kin								
3. If produced on-farm, what other in compost? What are the sources?	ngredients are used in your							
4. If not produced on-farm, please in description of the compost product a								
5. If known, indicate how the compo method, the length of the process, w how often it is turned, what the C:N factors are documented and recorde	rhat is temperatures are achieved, ratio is, and whether or not these							
6. Are there any known potential sou ingredients or the compost itself? If s								
7. Do you follow any time restriction compost product to crops and the dathe time restrictions used and how the time restriction and time restriction and the time restriction and the time restriction and the time restriction and time restriction and the time restriction and the time restriction and time restriction and the time restriction and time res	ite of harvest? If so, please describe							
Under penalties of perjury, I swear, a been duly authorized or appointed to affirm that I have read and agree, on and application has been answered t	o act on the operation's behalf and, behalf of the operation to all of the	in my capacity as	agent, to bind the op	peration. Additionally, I swear and				
*Signature of Authorized Representative	:		Date Signed:					
*To use an Electronic Signature rathe	er than an original handwritten signa	ature, please ente	the first letter of yo	our first name, your last name and				

the last three digits of your social security number (e.g. JSMITH024.)

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Appendix IV-A-3-Policy and Re	eport on Crop Rotations and Co	over Crops					
Operation Name:							
1. Please describe your crop rotation poli	cy and practices:						
2. What cover crops do you use?							
3. Do you use organic seeds for your covenot?	er crops? If not, which crops and why						
Under penalties of perjury, I swear, a been duly authorized or appointed to affirm that I have read and agree, on and application has been answered t	o act on the operation's behalf and, i behalf of the operation to all of the	n my capacity as	agent, to bind the op	eration. Additionally, I swear and			
*Signature of Authorized Representative	:		Date Signed:				
*To use an Electronic Signature rathe	er than an original handwritten signa	iture inlease ente	r the first letter of vo	ur first name your last name and			

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Appendix VI-B-1-Policy and Report on Equipment Cleaning: To be completed only if all of the equipment used in organic operations is NOT owned by the operator or is NOT dedicated solely to organic production.						
Operation Name:						
Description(Type, Use, Name, Manufacturer, etc.)		d (O), Rented (R), actor (S), Other (OT)	Organic Only (O) or Conventional & Organic Use (C)	Method of Cleaning Pri Organic Use	ior to Is the Cleaning Documented?	
Please indicate which of the	following a	applies to your equi	ipment cleaning program:			
☐ Maintaining equipment	so as to be	free of fluid leaks a	and other maintenance related	d risks of contaminatio	n.	
☐ Triple water rinses of eq	uipment p	rior to use on orgar	nic fields or after use on conve	ntional fields.		
Clearly marking "organic only" equipment and dedicating it to organic use.						
Written clean equipment guidelines or agreements for staff or subcontractors.						
Maintaining equipment cleaning logs, checklists, standard operating procedures, or other documentation.						
Use of purges to prevent contamination or commingling.						
Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully.						
*Signature of Authorized Repres	sentative:			Date Signed:		
: *To use an Electronic Signatu	re rather t	han an original han	dwritten signature, please ent	er the first letter of vo	ur first name, your last name and	

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Appendix VI-C-1-Plan and Repo		be completed or	nly if the operation	removes product from
Operation Name:				
1. Please describe post-harvest packi packed, method and procedure for p product is packed intoincluding pac container sizes and description, and h	acking, and what containers the king materials,			
2. Please indicate which of the follow	ing describes the final packaging of	product as it leaves	s your possession:	
. Bulk packaged for wholesale.				
Bulk packaged for retail.				
Portion packaged for wholesale.				
Portion packaged for retail.				
Other. Please describe:				
3. Please indicate which of the follow	ing describes the final packaging of	product as it leaves	s your possession:	
Packaging or label contains the w				
Packaging or label includes the o				
	ed organic by Americert Internation	al".		
Packaging or label carries the US				
Packaging or label includes Amer				
	number, harvest number, or produc	tion number or dat	е. е.	
Packaging has a distributor, purc	naser, or wholesaler's label attache	d or printed on pacl	kaging.	
Packaging references certification	n held by another entity or issued b	y a certifier other th	nan Americert Intern	ational.
YOU MUST SUBMIT COPIES OF ALL L SURE TO SUBMIT THESE WITH THIS A		PRINTED PACKAGIN	IG TO AMERICERT FO	OR APPROVAL PRIOR TO USE. BE
4. Please describe what labels, packir that are being attached to this applic				
Under penalties of perjury, I swear, a been duly authorized or appointed to affirm that I have read and agree, on and application has been answered to	act on the operation's behalf and, behalf of the operation to all of the	in my capacity as aq	gent, to bind the ope	ration. Additionally, I swear and
*Signature of Authorized Representative:			Date Signed:	
*To use an Electronic Signature rathe	r than an original handwritten sign:	aturo plasso optor	the first letter of you	r first name, your last name and

NOP Organic Grower Plan Appendices Form# NOP A3AOGP-v. 062309 Page 12 of 14 Appendix VI-C-2-Plan and Report for Light Cleaning and Processing of Crops: To be completed only if the operation engages in washing, cleaning, de-stoning, or sizing of harvested crops. Operation Name: 1. Please describe post-harvest cleaning, washing, sorting, de-stoning, or sizing of harvested crops: (Include what crops, where handled, method and procedure, and what equipment and sanitizer are used.) 2. Please indicate which of the following applies to the operation's cleaning and processing of crops: Sanitizer, cleaners, or other substances are applied to the crops or to water that comes into contact with the crops. The equipment used in cleaning and processing of the crops post-harvest are dedicated to organic only use. The equipment's food contact surfaces are food grade materials. 3. If sanitizer, cleaners, or other substances are applied to the crops or to water that comes into contact with the crops, please list what substances are used, the rate (amount) used, and what practices or procedures are in place to comply with the NOP regulations regarding sanitizer, cleaner, and other input use (as applicable.) 4. Describe what procedures and practices you have in place to protect the organic integrity of organic products during cleaning, washing, de-stoning, sizing, etc.: Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan

Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plar and application has been answered truthfully.

*Signature of Authorized Representative:

Date Signed:

*To use an Electronic Signature rather than an original handwritten signature, please enter the first letter of your first name, your last name and the last three digits of your social security number (e.g. JSMITH024.)

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Page 13 of 14 Appendix VI-C-3-Plan and Report for Crop Storage: To be completed only if the operation engages in storage of harvested product in a structure. **Operation Name:** Please describe post-harvest crop storage: (Include what crops, where stored, method and procedure of storage, how storage is documented (e.g. inventory logs, numbered storage units, etc.) and what containers (if any) are used to store products.) 2. Please describe what pest and rodent control practices are planned for use or have actually been used in post-harvest crop storage areas. If any pest control products have been used or are planned for use, please describe them. 3. Is the same structure or building used to store organic and non-organic crops post-harvest? (If yes, how do you prevent commingling of organic and nonorganic products?) 4. Please describe what practices and procedures you have in place to clean storage areas (both as needed and between emptying and the next storage event.) 5. Please indicate which of the following applies to post-harvest crop storage: Storage is off-site. Storage uses mobile containers/structures such as refrigerated trucks or trailers, etc. Materials, inputs, or substances are applied to storage areas or crops prior to storing crops. Crops are stored in containers or packaging. _____ Stored crops are labeled with the term "organic" prominently displayed. Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully. *Signature of Authorized Representative: Date Signed: *To use an Electronic Signature rather than an original handwritten signature, please enter the first letter of your first name, your last name and the last three digits of your social security number (e.g. JSMITH024.)

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Page 14 of 14 Appendix VI-C-4-Plan and Report for Transport of Crops: To be completed only if the operation transports product or crops to buyer, processor, or market. Operation Name: 1. Please describe how and when post-harvest crops are transported from the operation premises: 2. Who takes responsibility for the organic integrity of the product once it leaves the premises? If the operation maintains responsibility for the organic integrity of product or crops after they leave the premises, please describe when another entity assumes responsibility, and who that entity is: 3. How is organic integrity of transported product maintained? 4. Please indicate which of the following applies to post-harvest transport: Transport vehicles are inspected for cleanliness and organic integrity prior to use Product is transported in impermeable containers or packaging. The transporting entity is a certified organic handler. Transport vehicles are dedicated to organic-only use during transport. The transporting entity follows written guidelines, agreements, or a contract for maintaining organic integrity. Under penalties of perjury, I swear, attest, and affirm that I am the authorized representative and agent for the operation in this matter, having been duly authorized or appointed to act on the operation's behalf and, in my capacity as agent, to bind the operation. Additionally, I swear and affirm that I have read and agree, on behalf of the operation to all of the provisions of this contract and request and that each question of the plan and application has been answered truthfully. *Signature of Authorized Representative: Date Signed: *To use an Electronic Signature rather than an original handwritten signature, please enter the first letter of your first name, your last name and

the last three digits of your social security number (e.g. JSMITH024.)