



Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
Earl F. Hance, Secretary

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FOOD QUALITY ASSURANCE PROGRAM
(410) 841-5769 FAX (410) 841-2750
Organic Certification Program
Land Use History Affidavit

Applicant Name: _____ Date: _____

I, _____, declare that the parcel(s) of land described below were
(Name of person responsible for management of the land during the specified time period)
farmed by me or were under my control during the crop years of _____ to _____. I also
declare that during this time, to the best of my knowledge, the list below or the attached field history sheets
contain a complete list of all materials applied to this land during the specified time period.
Description of land parcels(s) by field #, section #, township, and county (or other regulatory description) and
acreage:

Three horizontal lines for describing land parcels.

If any materials (including those allowed by the NOP) were applied to any of these fields during the dates listed
above, describe what was applied, the specific date of application, and field # or parcel.

Table with 3 columns: Field# or Parcel, Material Applied, Date. Multiple empty rows for data entry.

I submit that the above is true and accurate on this date of _____

Name (printed): _____

Signature: _____

Name and signature should be the person responsible for the management of the land during the specified time period.