



Maryland Department of Agriculture

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Office of Marketing, Animal Industries and Consumer Services

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ORGANIC CERTIFICATION PROGRAM
APPLICATION FOR ANIMAL PRODUCTION 2006

I. General Information

Application Deadline: Postmarked by May 5, 2006

Today's Date _____

No additional fee for livestock.

- 1. Farm Name: _____
2. Owner Name: _____
3. Farm Manager Name (s) (if different than owner): _____
4. Contact person regarding application: _____
5. Is your farm already certified for crops or pasture? Yes No

If yes, what year did you become certified? _____

Please fill out Maryland Organic Certification Program Crop and Pasture Application to renew your certification.

If no, please fill out Maryland Organic Certification Program Crop and Pasture Application?

We cannot certify your livestock without certification of your land.

- 6. How many years have you managed livestock? _____
7. How many years have you managed livestock organically? _____
8. What type of livestock are you requesting to be certified? _____

9. List what animal products you are marketing/selling or plan to market/sell as certified organic, and how? _____

10. Aside from animals that may require treatment of animal drugs or antibiotics during illness and can no longer be sold as organic, will also you be managing conventional livestock in your system?

Yes No

11. If yes, what livestock, what products, and where and how they are being marketed?

II. Farm Map (either with this application or with the Crop Production Application)

Attach a clear, detailed map of the farm as described in the Crop and Pasture Application.

Identify and label (in addition to the items listed in Crop and Pasture Application):

- Animal facilities
- Animal paddocks and areas where animals pasture or have outdoor access

III. Livestock Operation Profile

Indicate number of animals requested for organic certification (O), in transition (T), and under conventional management(C).

Livestock Type	No. Females			No. Males			No. Castrated Males			No. Young Stock		
	O	T	C	O	T	C	O	T	C	O	T	C
Chickens -Total												
Broilers												
Layers												
Turkeys												
Ducks												
Geese												
Other Poultry												
Ratites												
Rabbits												
Cows - Total												
Beef												
Dairy												
Hogs/Pigs												
Buffalo												
Sheep - Total												
Meat												
Dairy												
Goats - Total												
Meat												
Dairy												
Other Animals												

IV. Sources of Animals

The NOP Rule requires that certified organic livestock to be sold for slaughter must be organically managed from the last third of gestation until slaughter. Certified organic poultry raised for slaughter must be managed organically from 2 day old chicks. Dairy animals must be managed organically for 12 months prior to sale of milk as certified organic. Egg producers must be managed organically from 2 day old chicks.

1. Do you raise all slaughter animals on the farm? Yes No NA
 If yes, describe the source of your slaughter animals _____

2. Do you raise dairy replacement animals on the farm? Yes No NA If yes, please describe the source of your animals _____

3. Do you purchase any livestock? Yes No If yes, give specific information on purchased animals below or attach a list of all purchased animals providing the following information in the table format show. *Please be prepared to show invoices and organic certificates for purchased animals to inspector.*

Type of Animal Purchased	Identification #/Name	Date of Purchase	Projected or Real Birthing Date	Purchase Source	Certifying Agency

4. Do you purchase any poultry? Yes No
 A. If yes, do you purchase 2 day old chicks? Yes No If yes, please give specific information on purchased flocks below
 B. If no, do you purchase them as pullets? Yes No If yes, give specific information on purchased flocks below and be sure to indicate source and certifying agent. If you need additional space, please attach a list of all purchased flocks providing the following information in the table format show *Please be prepared to show invoices and organic certificates, as applicable, for purchased flocks to inspector.*

Type of Flock - broilers or layers	Flock Identification #	How Many Birds?	Date of Purchase	Age of Birds When Delivered	Projected Slaughter or Egg Production Date	Purchase Source	Certifying Agent

Animal Feed and Feed Supplements

The NOP Rule requires that certified organic animals be fed 100% certified organic feed. Feed supplements should not contain non-organic protein sources or prohibited materials. A copy of all feed, minerals, and feed supplement labels that you are currently feeding or are considering feeding to your animals need to be included with your application. Please be prepared to show all labels and receipts for feed, minerals, and feed supplements to inspector.

A. Feed Ration Table (see below)

Type of Animal	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Poultry	
Hens	
Roosters	
Capons	
Chicks	
Other	
Livestock	
Females	
Males	
Castrated	
Young Stock	
Other	

Do you raise any feed on your farm or pasture any animals? Yes No
 If yes, please complete Crop Production Application. Please clearly indicate fields, pastures and paddocks on your Farm Map and be prepared to present your Field Activity Sheets to the inspector.

B. Describe your purchased feed

Type of Purchased Feed	Quantity Purchased/ To Be Purchased	Dates Purchased	Purchase Source/Brand	Certifying Agency

1. Do you process any feed (mix, grind, roast, extrude, etc) on-farm? Yes No
 A. If yes, is the equipment also used to process conventional products? Yes No
 B. If yes, how is equipment cleaned prior to processing organic feed to prevent contamination? _____

2. What is your plan for emergency feed supplies? _____

C. Feed Supplements or Additives: No Supplements Used _____

List all feed supplements and additives, including silage inoculents, preservatives, vitamins, amino acids, minerals, etc below. Organic Standards require that no genetically modified products (GMOs) be used in organic production systems. Any supplements/additives that contain carriers made with conventionally grown corn, soybeans, cotton products, etc. have the potential to be from genetically modified sources unless the label specifically states such product is free of GMOs. Please include labels with your application and be prepared to show the labels and receipts to the inspector.

Feed Supplement/Additive	Synthetic Ingredients Yes (Y) or No(N)	GMOs? Yes(Y) or No (N)	Reason for Use	Source

D. Feed Storage: Describe your feed storage locations

Storage ID #	Type of Feed Stored	Type of Storage	Location of Storage	Capacity	Organic (O), Buffer (B), Transitional (T), Conventional (C),

How do you control rodent problems in organic feed storage areas? _____

VI. Water

1. What are your sources of water for livestock use?
on-site well municipal river/creek/pond spring other _____
2. How do you make water available to your animals? _____

3. If you use additives in the water, list them and state reason for use: _____

4. Describe any water contamination problems in your region: _____

5. If you have a river, creek, or pond on your property, how do you prevent access by livestock? _____

VII. Housing

Organic standards require that animals living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, appropriate shelter, and adequate bedding. If animals eat the bedding, organic bedding is required. If your operation includes multiple houses and you need more space, please attach a list identifying each house, square footage, number of animals in each house, and calculate square footage per animal.

1. What type of housing do you use? _____

2. Describe sizes (length and width), number of animals per housing unit, and calculate square footage per animal. _____

3. Describe type of bedding _____

4. How often and how is housing cleaned out? _____

5. Describe sanitation and or cleaning products used _____

6. Describe ventilation systems _____

7. What sources of light is used in animal housing? _____

8. Is day length regulated using artificial light? Yes No If yes, please describe _____
 _____ 9.
- What outdoor areas other than pasture do animals use? _____

10. How long are animals indoors (hours per day)? _____ spring _____ summer _____ fall _____ winter

VIII. Animal Health Care

Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited materials are used, the treated animals and/or their products may not be sold as organic. You may not withhold treatment to sick animals though to maintain its organic status. Records must be kept of all treatments and shown to inspector.

1. Identify farm’s veterinarian/ animal clinic. Provide name, address and phone. _____

2. Identify (circle) the general components of your animal health management program:
- | | | | |
|-------------------------|-----------------------------|------------------------------------------|--------------------|
| selective breeding | raise own replacement stock | isolation for purchased/diseased animals | |
| culling | vaccinations | good sanitation | access to outdoors |
| dry bedding | good ventilation in housing | good quality feed | pasture rotation |
| nutritional supplements | probiotics | homeopathy | herbal remedies |
| acupuncture | other _____ | | |

3. List health or disease problems in the last 12 months, including vaccinations, antibiotics, or parasiticides given or planned. Please indicate whether allowed or restricted per NOP annotation and whether product is approved by OMRI or any certifying agent

Health Problem/Disease	Animal ID	Prevention and Management Practice	Products Used	Allowed (A), Regulated (R), Prohibited (P)	Certifying Agent

4. Please indicate reason for use for any restricted or prohibited materials indicated above _____

5. Please list any remedies and medicines that you currently have in your medicine cabinet or plan to

have (aspirin, rubbing alcohol, homeopathic or herbal remedies) to treat your animals. _____

6. If you use any hormones, list and state reason for use: _____

C. Fly Control: If flies are a problem in your operation, what do you do to prevent or control them?

D. Parasite Control: If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them?

E. Predator Control:

1) Please circle which predators you have problems with: hawks feral cats raccoons/skunks
 dogs foxes coyotes other _____

2) Describe how you handle predator problems in this table:

Predator	Controls Used	Products Used	Allowed (A), Regulated (R), Prohibited (P)

3) If you use poison baits, list products in the table above.

F. Surgical Practices: Describe the surgical practices you use _____ Not Used

Surgical Practice	What Age Performed	Why Used?
Beak Trimming		
Wing Burning		
Castration		
Horn Removal		
Teeth Cutting		
Despurring		
Other		

1. Be sure to identify manure storage areas on farm map and describe manure storage and handling practices. Identify composting areas on farm map. _____

2. Estimate quantity of manure generated per year: _____ Tons

X. Milk Handling _____ **This is not a dairy operation**

1. Please circle the type of milk handling system do you use:
pipeline automated step saver handmilking
parlor tie stalls stanchions other _____

2. How are you licensed? Grade A Grade B other

3. Describe cleaning cycle for milking equipment (water temperature, number of rinses, etc) _____

4. Name of detergent used _____
Name of acid cleaner used _____
Name of sanitizer _____

5. List somatic cell counts for last six tests

Date	SSC	Date	SSC	Date	SSC

6. List products used to clean animals
Teat Dips _____
Udder Washes _____

7. How often do you change inflations? _____

8. How many animals do you currently milk? _____

9. Report production for last six milkings

Date	Pounds Produced	Date	Pounds Produced	Date	Pounds Produced

XI. Handling for Slaughter

1. If you slaughter your livestock, describe slaughter and meat processing procedures: _____

2. Name, address, phone number, and contact person of facility where your animals are slaughtered:

3. Is this facility certified organic? Yes No By what agency? _____

4. How are animals loaded? _____

5. Do you use electric prods? Yes No

6. What form of transportation is used? _____

7. How long does transportation take? _____

8. Are animals provided with food in transit? Yes No Water? Yes No

9. Where are animals kept after delivery to slaughter facility but before slaughter? _____

10. How many hours from loading until time of slaughter? _____

11. Are organic animals kept separate from non-organic? Yes No

12. Describe method of slaughter? _____

XII. Animal Identification

Organic Standards require individual identification of large animals and "lot" or "flock" identification of small animals.

1. Describe your identification system _____

2. If animals are treated with prohibited materials, how are they identified and/or segregated? _____

3. If you have egg laying flocks, what is the MDA registration number of your flock? _____

Please include a copy of your MDA flock registration with your application.

XIII. Recordkeeping

Please be prepared to provide the inspector access to the following records or attach to your application as applicable. Use this checklist to be sure that you are maintaining all required record keeping and including the appropriate items as attachments to your application.

Attach to Application

- _____ Farm Map w/ additional information requested of animal producers
- _____ Lists of purchased animals or flocks, if the number exceeds available space in tables provided
- _____ All feed, mineral and feed supplement labels
- _____ Egg Laying Flock Registration

Available During Inspection

- _____ documentation of purchased animals
- _____ breeding records
- _____ all feed, minerals, and feed supplements labels and receipts
- _____ Feed storage and inventory control records
- _____ Storage records that show storage location, storage identification, field numbers, amount stored, inventory control, and cleaning activities
- _____ health records
- _____ Animal medicines and remedies and receipts
- _____ somatic cell/plate count
- _____ milk production records
- _____ Egg production records
- _____ Slaughter records
- _____ sales of animals
- _____ Sales (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal) showing your ID system
- _____ shipping/transportation records
- _____ other _____

XIV. Marketing

1. Please circle the type of marketing you engage in

farmers market	direct to retail	CSA/Subscription	on-farm retail
wholesale	wholesale to processor	contract to buyer	restaurant
other _____			

2. Do you use the Maryland logo on your product labels? **Yes** **No**
 Why? Or why not? _____

XV. Affirmation & Signature

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year prior to projected harvest and I have followed the National Organic Program Rules and Regulations regarding livestock operation. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 (OFPA) and National Organic Program Rules and Regulations. I agree to pay all costs and fees associated with this program.

I understand that if I (1) knowingly sell or label a product as organic, except in accordance with the Act, I shall be subject to a civil penalty of not more than \$10,000 per violation. (2) make a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent, I shall be subject to the provisions of section 1001 of title 18, United States Code.

I understand that acceptance of this application in no way implies granting of certification by the certifying agent, Maryland Department of Agriculture's Organic Certification Program.

Applicant's signature

Date

Applicant's signature

Date

No person or operation shall be excluded from participation in or denied the benefits of the National Organic Program due to discrimination because of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.