



FARM APPLICATION FOR ORGANIC INSPECTION

Name : _____ Age _____

Address _____

1. Farm Management Plan

Plot No.	Area (Sq. m)	Crop Production Area	Farming System Pls. Check	Crops to be Certified
1		Main crop	[] O	
		Others	[] C	
2		Main crop	[] O	
		Others	[] C	
3		Main crop	[] O	
		Others	[] C	
4		Main crop	[] O	
		Others	[] C	
5		Main crop	[] O	
		Others	[] C	
6		Main crop	[] O	
		Others	[] C	
7		Main crop	[] O	
		Others	[] C	

O – Organic C - Conventional

Please take note of any change from the previous years: _____

2. Crop plan (organic plots only)

a. Source of seeds, seedlings, stock (main crop, supplement crops, green manure crops)

* Produce in the farm _____

* Purchase from where _____

* Seeds given by other farmers _____

* Seeds treated with chemicals _____

3. Fertilization for compost and animal manures:

Plot No.	Fertilized area (sq. m.)	Type of Fertilizers used	Quantity used in Kilograms per plot

Source of animal manure

Kind of animal source

Source of compost

If purchased, identify brands used _____

4. Cropping Systems:

Type	Pls check	Crops Planted
Intercropping		
Crop Rotation		

5. Supplemental crops to be grown, either before or after the main crop:

Plot No.	Area Sq. m.	Type of crops	Month Of growing	Estimated Yield Kilogram/ha

6. Weed Control Plan

Main Weed	Method of Weed Control	In Plot number

7. Insect Prevention Control Plan:

Main Insects	Method of Insect Control	In Plot number

8. Disease control Plan:

Main diseases	Method and Disease Control	In plot number:

9. Post Harvest Plan:

Plot No.	Crops Harvested	Area cultivated Meter square	Kilograms harvested	Estimated Income (P)

10. Method of harvesting:

- a. Manual _____
- b. Mechanical _____
- c. Others _____

11. Where and how will you store the harvested crops?

12. If storage area is empty before harvest, what other products do you store?

13. What are the storage pest present? What are your control measures?

14. How will you sell your products? Please elaborate

I have attached the following documents:

- a. _____
- b. _____
- c. _____
- d. _____

Signature of applicant

Signature over printed name

Date

For secretariat use only:

- a. Number of plots in conversion _____
- b. Number of years as organic _____
- c. Certified or not last year _____

I certify that I have checked the application already.

Inspector signature

Date

Approved:

Executive Director

Date