

## Previous Land Use Declaration

Kentucky Department of Agriculture Organic Certification Program  
111 Corporate Drive  
Frankfort, KY 40601  
502-573-0282, Option 1

Applicant seeking certification: \_\_\_\_\_

I, \_\_\_\_\_, affirm that the parcel(s) of land described below were farmed/ranched by me or were under my management and control during the following

dates: \_\_\_\_\_.

Location of land parcel(s):  
\_\_\_\_\_

During the previous 36 months I affirm that, to the best of my knowledge, there were no herbicides, pesticides, fungicides, fungicide treated seed, inoculated seed, synthetic fertilizers, or other prohibited materials applied to this land.

The table below documents all applications of prohibited materials applied during the previous 36 months.

Field # or Identifier	Crop	Input applied	Date applied

Use additional sheets if necessary.

I submit that the above is true and accurate.

\_\_\_\_\_  
Signature (previous manager/owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed) (previous manager/owner)

\_\_\_\_\_  
Phone or email (previous manager/owner)