



Certified Acres/Products Adjustment Affidavit

This form is used to request a change in certified acres from your most current Organic System Plan and/or Inspection Affidavit. Please complete and send to TCO Cert's applicable Certification Coordinator. Contact TCO Cert with any questions.

General Information	
Operator Name:	Member Number:
Operation Name:	

Adjustment Item Information <i>(required)</i>						
I request adjustment of these items for the following reasons. (attach additional sheets if necessary)						
Type of Item	ID Number	Adjust To	Total Units	Reason for Adjustment	Was this Inspected?	
					Yes	No
<i>crop, animal, etc.</i>	<i>Field #, etc.</i>	<i>Plowdown, etc.</i>	<i>acres, heads</i>	<i>flooded, drought, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

I affirm that all statements made in this affidavit are true, correct, and complete. I also affirm that I understand the standards and regulations for the specific programs that I have requested and that the requested products were managed in accordance to these standards and regulations.

Operator Signature _____	Date (M/D/Y) _____
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For CDT use only:
CDT Decision: <input type="checkbox"/> Certify <input type="checkbox"/> Noncompliance
CDT Comments: