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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. Crop adjustments should be submitted by **December 1** annually.*

| General Information | |
|---------------------|---------------|
| Operator Name: | Operator No.: |
| Operation Name: | |

| Adjustment Item Information (required) | | | | | | |
|--|----------------------|-----------------------|---------------------|-------------------------------|--------------------------|--------------------------|
| 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"/> |
| | | | | | <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) _____ |
|--------------------------|--------------------|