



**VOF Verification of 3-Year History of New Sugarbushes**

Vermont Organic Farmers, LLC (VOF)

The USDA accredited certification agency owned by NOFA Vermont

VOF Office: 802-434-3821 vof@nofavt.org www.nofavt.org/vof

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

This form is to verify that no materials prohibited by the USDA National Organic Program have been applied in the last three years, and that whole tree harvest techniques have not been used in the last three years, in a sugarbush (or sugarbushes) that a new or continuing applicant wishes to add to their certified organic maple operation. **If the property has been owned and/or managed by the applicant for the last three years, it is to be signed by the applicant. If the property has been owned/managed for the last three years by someone other than the applicant, it is to be signed by the previous manager.**

Please note that VOF defines a sugarbush as a property that meets the following criteria:

- is used for maple sap collection
- is comprised of one or more contiguous stands as described in a forest management plan that meets the Vermont State Use Value Appraisal (UVA) Forest Management Plan Template dated April 1, 2010
- includes one or more "sap collection zones" (groups of red and/or sugar maple trees whose sap is collected by buckets, a single mainline or a collection of mainlines that drain into a single sap storage tank)
- has one physical address or can be referred to by one physical address

Sugarbush Name or Identification Number	Title of Forest Management Plan Describing Stands Used for Sap Collection	Location (town)	Acreage of Stands Used for Sap Collection	Number of Spouts

*"I verify that the above parcels have been under my management and that they have had no materials prohibited by the USDA National Organic Program applied to them for the last three years, nor have whole tree harvest techniques (removal of entire trees with crowns intact from the forest to a landing) been used in the last three years."*

Signature of Land Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Land Manager (print): \_\_\_\_\_

*If this form is signed by someone other than the applicant, please provide the former land manager's current contact information below:*

Address: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vermont Organic Farmers LLC  
PO Box 697 · 14 Pleasant Street · Richmond VT 05477 · 802-434-3821  
Certified **Organic, Locally** Grown

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