



Vermont Organic Farmers, LLC (VOF)

The USDA Accredited Certification Program of NOFA Vermont

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

Verification of 3-Year History of Woodlots

This form is to verify that no materials prohibited by the USDA National Organic Program were applied to the land from which the trees were harvested that are intended to be used by the applicant as a growth substrate for mushrooms in the form of logs, wood chips, sawdust, compressed wood pellets or other similar form in the last three years.

In addition, by signing this form, the signee is verifying that no substances prohibited by the USDA National Organic Program were added to the wood product(s) made from the trees harvested on the land referenced here post-harvest.

If the woodlot(s) were owned and/or managed by the applicant for the last three years, this form is to be signed by the applicant. If the woodlot(s) were owned or managed for the last three years by someone other than the applicant, this form is to be signed by the woodlot owner or manager.

Applicant Name: _____

Applicant Business Name: _____

Wood product(s) to be used as a mushroom substrate:

logs wood chips saw dust wood pellets

other: _____

Brand name(s) and manufacturer of wood product(s), if applicable:

Woodlot Name or Identification Number	Location (city, state)	Acreage

"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. I verify that no substances prohibited by the USDA National Organic Program have been applied post-harvest to the timber harvested from the above parcels to produce the final product, or to the final product itself."

Land Owner/Manager (please circle) signature: _____

Land Owner/Manager (please circle) printed name: _____

Title of signee, if applicable: _____

Date: _____

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

Address: _____

Primary phone: _____ Email: _____