AGRICULTURAL SCIENCES DIVISION
PO Box 200201
Helena, MT 59620-0201
(406) 444-7804 – agrorganic@mt.gov

Crop Acreage and Production Summary – Year _____

Producer Name(s):	License Number (Office Use Only):
Business Name:	Farm Location (County/State):

Organic Crops (add additional pages if applicable)

Include all Organic acreage: Crop, Plow Down, Rangeland, CRP, Fallow, Pasture, etc.

Field ID	Acres/Square Feet	Organic Crop
Example: J-5	*50 Acres*	*Pasture*
Example: B-16	*400 Square Feet*	*Carrots*
Example: Y-8	*200 acres*	*Fallow*
Total Organic Acreage:		

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Conversion Crops (add additional pages as applicable) ***Include all acreage which will be requested for certification within the next three years.***			
Field ID	**Date started conversion**	**Acres/Square Feet**	**Conversion Crop**
Conversion Acres Total			

Crop Inventory (add additional pages as applicable)				
Storage ID	**Crop**	**Quantity**	**Organic or Conversion**	**Year Harvested**
Example: Bin 48	*Winter Wheat*	*280 BU*	*Organic*	*2011*