

NATURAL RESOURCES CONSERVATION SERVICE
MONTANA CONSERVATION PRACTICE JOB SHEET

NUTRIENT MANAGEMENT (ACRE)

ORGANIC LIVESTOCK AND CROP TRANSITION

CODE 590E

PRODUCER/LANDOWNER	DATE	ASSISTED BY
TRACT	SOILS MAP UNITS	JOB CLASS

Field No.	Acres	Crop/Forage Species	Livestock Species	Annual Certification ^{1/}			Organic Certification Date ^{2/}
				20 _____	20 _____	20 _____	
				Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	
				Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	
				Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	
				Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	
				Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	Check if Apply <input type="checkbox"/> Date Reviewed _____	

^{1/} Transition to organic crop/livestock production requires organic plan review and approval for three consecutive years by a USDA accredited certifying agency before receiving Organic Production status. Enter a ✓ and the date of the annual plan review/approval from certifying agency for each transition year. Attach a copy of the certifying letter.

^{2/} Enter the date of official organic certification.

CERTIFICATION

I agree to complete the transition from conventional production to organic production for the fields listed above through required procedures outlined by an USDA accredited certifying agency. I will supply the review/approval letter provided by the certifying agency each year of the transition period and will provide a copy of the official organic production certification after successful transition.

Client: _____ Date: _____

This practice is planned according to NRCS Standards and Specifications.

Conservationist: _____ Job Approval Authority _____ Date _____

Transition has been completed and organic production certification has been granted by certifying agency.

Conservationist: _____ Job Approval Authority _____ Date _____