Certified Naturally Grown
Declaration for 2020

Farm / Apiary Name: __________________________________________

Please initial each statement that applies to you:

_____ I (we) declare and affirm that the information submitted via the Certified Naturally Grown (CNG) application is correct and accurate, and that all information will be kept current, complete and up to date to reflect any changes.

_____ I (we) have read and understood the appropriate CNG standards, and our practices adhere to the requirements listed therein.

_____ I (we) understand that Certified Naturally Grown reserves the right to remove us from the program and deny us the use of the CNG logo and marketing materials for any reason including concerns that we don’t adhere to CNG standards, or have missing or misleading information on the application.

_____ I (we) declare and affirm that I (we) will only represent products as Certified Naturally Grown when they actually meet the certification standards and come from a Certified Naturally Grown operation.

For Farmers

_____ I (we) declare and affirm that all the land for which we are applying for Certified Naturally Grown status has been free of prohibited pesticides, herbicides and fertilizers for at least three years (36 months) from the date of our first saleable harvest this year.

...or Transitional Status

_____ I (we) don’t use any prohibited pesticides, herbicides and fertilizers now, but the land is still within the 36 month transitional period.

For Beekeepers

_____ I (we) declare and affirm that the brood comb in our apiaries have never been exposed to cuomaphos (CheckMite+), fenpyroximate (Hivastan), Tylan or more than two treatments of fluvalinate (Apistan, Mavrik) or amitraz (Miticur, Taktic, or Mitak) AND all the brood comb originated in our apiaries (no nucs).

...or Transitional Status

_____ I (we) don’t use any prohibited treatments now, but 40% or less of our brood comb may have been exposed to Tylan and/or 3 or more treatments of fluvalinate or amitraz, and/or came from another apiary.

__________________________________________      _____________________
Signature(s)                                          Date

___________________________________________
Print Name (s)