USDA National Organic Program Operation Temporary Variance Request Worksheet

Complete this worksheet and submit it, along with any supporting documentation, to your certifier. This worksheet is intended to help you provide the information your certifier and the USDA National Organic Program (NOP) need to evaluate your temporary variance request. Your certifier or the NOP may request additional information during the review process.

Your certifier may have their own worksheet or required documentation for submitting a variance request. The first step for any producer or handler is to contact their certifier and ask what information or forms they require. If your certifier does not have their own specific forms to complete, the worksheet below may be a good option to begin your variance request.

Instructions:

Complete this worksheet and submit it, along with any supporting documentation, to your certifier. This worksheet is intended to help you provide the information your certifier and the USDA National Organic Program (NOP) need to evaluate your temporary variance request. Your certifier or the NOP may request additional information during the review process.

Producer Information

Operation Name

Primary Contact

NOP Certificate Number

Certification Number (from your certifier)

Phone

Email

Date Submitted

Reason for the Request

Describe the event or circumstance that is affecting your operation.

- ☐ Drought
- ☐ Excessive rainfall
- ☐ Wind or storm damage
- ☐ Natural disaster
- ☐ Research or field trial
- ☐ Flooding
- ☐ Wildfire
- ☐ Hail
- ☐ Business interruption
- ☐ Other:

Describe the event/issue:

Date(s) the event/issue occurred:

Is the event/issue ongoing? ☐ Yes ☐ No

If no, when did conditions improve?

2. Organic Requirement Affected

Which USDA organic requirement(s)/regulation(s) are affected by this event/issue?
Describe why you are unable to comply with the requirement(s):

3. Impact on Your Operation

Describe how the event/issue affected your operation and what terms you can meet. For example, the operation cannot meet 120 days grazing / 30% DMI from pasture due to drought, so they are requesting a temporary variance to graze their animals for 90 days / 20% DMI from pasture. Include as much detail as possible. Examples may include impacts to crops, livestock, pasture, processing, storage, handling activities, or other certified organic activities.

Acres affected:

Fields affected:

Buildings or facilities affected:

Estimated dates of impact:

Livestock affected:

Description of Impact, the terms you cannot meet, and what you can meet:

4. Actions Taken

Describe the actions you have taken to minimize the impact while maintaining compliance with the USDA organic regulations whenever possible.

5. Duration of Temporary Variance Needed

Please describe the requested length of time needed for the requested temporary variance. Factors determining the duration of a temporary variance include expected recovery times from natural disasters or business interruption, or the duration of the research project.

6. Supporting Documentation

Please attach copies of any documentation that supports your request. Check all that apply.

- ☐ Local weather reports
- ☐ Emergency declarations
- ☐ Photographs
- ☐ Feed records
- ☐ Organic System Plan records
- ☐ National Weather Service reports
- ☐ U.S. Drought Monitor information
- ☐ Production records
- ☐ Grazing records
- ☐ Harvest records
- ☐ Farm maps

Other documentation:

7. Additional Information

Please provide any additional information that may help your certifier and the USDA National Organic Program evaluate your request.

Producer Certification

I certify that the information provided in this request is true and complete to the best of my knowledge. I understand that submission of this request does not constitute approval of a temporary variance and that I must continue to comply with applicable USDA organic regulations unless and until a temporary variance is approved.

Producer Signature:

Printed Name:

Date:

For Certifier Use Only

Date Request Received:

Certification Agency: Select your agency

Certification Reviewer:

Certification Reviewer Email & Phone:

Additional Information Requested:

Recommendation to NOP: ☐ **Recommend Approval** ☐ **Do Not Recommend Approval**

Date Submitted to NOP:

Comments: