



Wild Crop OSP

"Addendum"

Electronic versions available at agroorganic@mt.gov

Section

W

Producer Name(s):

Date:

Section W: Wild Crop Harvesting Practice

NOP §205.207(a)(b)

- (a) A wild crop that is intended to be sold, labeled, or represented as organic must be harvested from a designated area that has had no prohibited substance, as set forth in §205.105, applied to it for a period of 3 years immediately preceding the harvest of the wild crop.
- (b) A wild crop must be harvested in a manner that ensures that such harvesting or gathering will not be destructive to the environment and will sustain growth and production of the wild crop.

1. What wild crops do you intend to harvest.? Please list:

2. Are your wild crops harvested from a designated area of your certified organic farm for which you have completed a **Land Application Form**?

☐ Yes ☐ No

2a. If Yes, designate your wild crop harvest area on an updated field map(s).

2b. If No, please complete a **Land Application Form** and **map** for the wild crop harvest area.

2c. Describe procedures employed that prevent contamination from adjoining land use or other point or non point sources contamination.

3. Please provide a specific description of your harvest practices for the wild crop types.

4. What percentage of the wild crop is harvested at each harvest? _____ %

5. Are you harvesting wild crops on public land?

☐ Yes ☐ No

5a. If Yes, do you have a USDA Forest Service permit to collect the wild crops on public land?

☐ Yes ☐ No

6. Please provide a list of rare, threatened, or endangered terrestrial or aquatic plants or animals that occur in the harvest area.

6a. Describe any potential impacts and how they will be addressed, corrected, implemented, and monitored.

7. How do you ensure that your harvest will allow sustained growth and production of the wild crop?

8. In what way and how often do you monitor the health of the wild crop population?

9. What records do you keep of your wild crop area management, monitoring, harvest, quantities, dates, and sales?



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Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			