



5. Was the average annual monetary value of all food (as defined in § 112.3(c)) the farm sold during the 3-  
calendar year period preceding the current calendar year less than \$500,000.  YES  NO

6. Do you receive any 3rd party audits?  YES  NO If yes, which audit? \_\_\_\_\_

**\*For each question below check the boxes and/or fill in the information that applies to your operation.**

\*If your produce is sold to retail, farmers markets, farm stands, large distributor, or other. Please check all that  
apply and write the percentage of sales to each?

Retail \_\_\_\_\_%  Farm Stand \_\_\_\_\_%  Distributor \_\_\_\_\_%  CSA \_\_\_\_\_%  Other \_\_\_\_\_%

\*Are you -  Growing  Harvesting  Packing  Holding  Other (please explain) \_\_\_\_\_

\*Ag Water Source  Ground  Surface  Public \*Irrigation Method  Drip  Sprinkler  Furrow

\*Approximate total acreage \_\_\_\_\_

\*Approximate acreage of covered commodity grown \_\_\_\_\_

\*What are your start and end dates for the following activities?

Planting \_\_\_\_\_ t o \_\_\_\_\_ Harvesting \_\_\_\_\_ t o \_\_\_\_\_ Packing \_\_\_\_\_ t o \_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*Qualified exempt farms need to annually  
review farm sales records, complete this  
form and submit to ISDA for exemption  
consideration.*

Date: \_\_\_\_\_

<b>For official use only</b>	Date Received: _____	Date Reviewed: _____
Y or N Paperwork reviewed and no discrepancies	Reviewed By: _____	
<i>If No, provide comment:</i>	_____	

Send form to: ISDA FSMA Produce Program  
PO BOX 7249  
Boise, ID 83707

Email: [fsma@isda.idaho.gov](mailto:fsma@isda.idaho.gov)

Phone: (208) 332-8500

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