

Certified Roadside Farm Market Program
North Carolina Department of Agriculture & Consumer Services

Growers Certification

This is to certify that: (Please type of print)

Name _____ Home Phone _____

Address _____ Work/Cell Phone _____

City/State/Zip _____

Appeared before me this _____ day of (month) _____, (Year) _____,
And affirms that he/she is a farmer in _____ (county) and produced the
crops and acreage indicated below. Further, that he/she operates a roadside farm market.

Affirmed: (Farmers Signature) _____
FSA Farm # _____

Certified: (County Extension Agent's Signature) _____
Office telephone: _____ County: _____

List the crops below that you grow:

Vegetables and fruits _____

Ornamental plants _____

