

Organic and Transitional Education and
Certification Program
(OTECP)

APPLICATION INSTRUCTIONS
FOR LEVEL 2 EAUTHENTICATED USERS

November 8, 2021

V 1.0

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Version History

Date	Version	Description of Change
11-08-2021	1.0	Issued

1 Creating A New OTECP Application from Home

1.1 Basic Information

The OTECP application was developed to be accessed by customers with Level 2 eAuthentication access. The OTECP application allows applicants to:

- create/ submit a new OTECP application
- view/modify an existing OTECP application
- print an OTECP application.

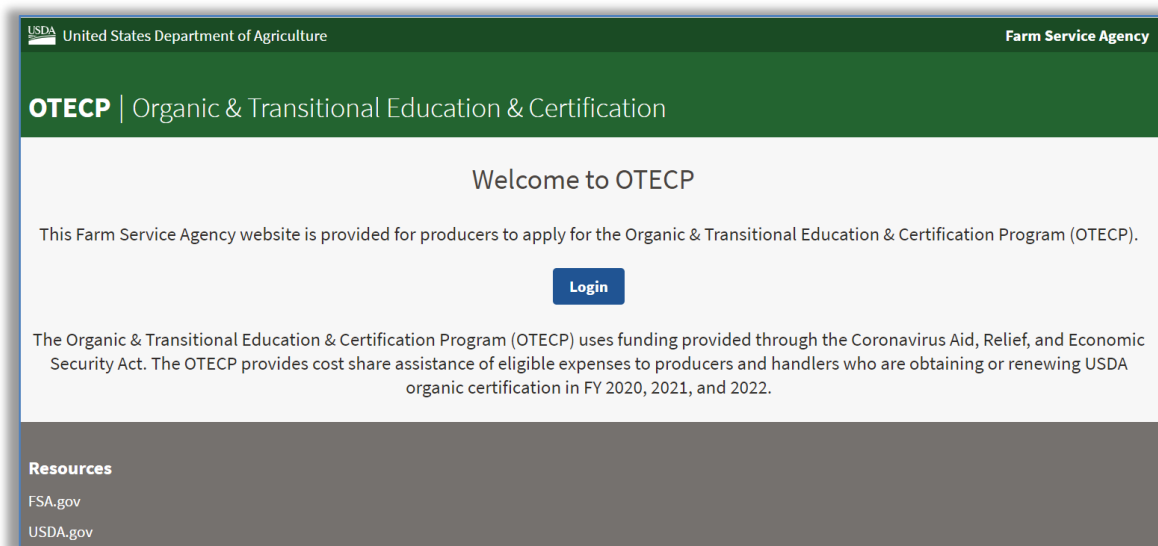
County offices will receive notification when OTECP applications have been submitted or modified.

1.2 Create OTECP Application

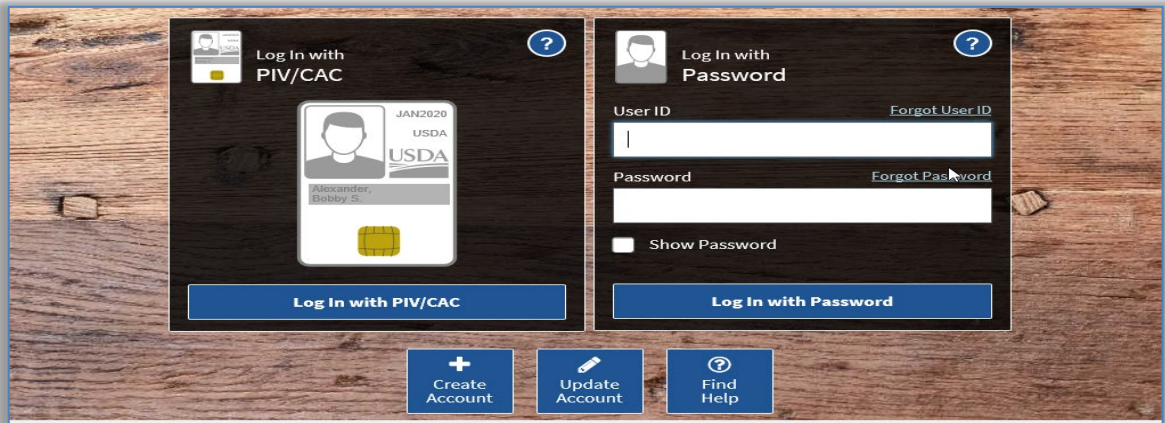
The OTECP Application can be accessed by navigating to the following link:

<https://apps.fsa.usda.gov/otecp/index.jsp>

- CLICK “**Login**”. The “My Application Screen” is displayed.



- Enter EAuth User ID and Password and click **“Log In with Password”**.



Applicant Selection Screen is displayed, which includes the user themselves and any other applicant for which the user has representative capacity.

- SELECT the radio button next to the applicable applicant
- CLICK **“Add/Edit Application”**. The OTECP Application will display for the selected applicant.

Producer Selection

Program Year: 2020

Administrative State - County: Select State - County

App ID ^	Producer ^	Role	Admin State/County	Certification Number/Certifier Client ID	Application Status	COC Determination
<input type="radio"/>	Ima Producer	Self			Not created	

2 Entering and Submitting OTECP Information

2.1 Overview

User will be able to record OTECP information for expenses and other reimbursement for expenses received for each program year.

OTECP application will always default to the Part A & Part B Screen.

2.2 Part A & Part B Screen

- Select the “Yes” or “No” radio button for if the user has participated in FSA programs?
- Enter the Certified Operation Name
 - Required if user has expenses for any of the following category of expenses:
 - Crops
 - Wild Crops
 - Livestock
 - Processing/Handling
 - State Organic Program Fee (California Operations Only)
- Enter the Number/Certifier Client ID
 - Required if user has expenses for any of the following category of expenses:
 - Crops
 - Wild Crops
 - Livestock
 - Processing/Handling
 - State Organic Program Fee (California Operations Only)
- Enter the value of the eligible expenses for each category of expenses.
- Enter the value of the other reimbursement for expenses received (exclude OCCSP payments).
- CLICK “**Save and Continue**” to move to the next screen.
 - If the user wants to skip directly to another screen, CLICK “**Save**” before clicking the applicable tab.

Program Year: 2020
 Producer: Ima Producer

State: Arkansas (05)
 Administrative State: Arkansas (05)

County: Madison (087)
 Administrative County: Madison (087)

Application Status: Not created
 Application ID: Unassigned

PART A - PRODUCER INFORMATION

Have you participated in FSA programs? YES NO
 (If "NO", please fill out AD-2047 and SF-3881)

PART B - CERTIFICATION INFORMATION & EXPENSES

Certified Operation Name (if applicable)	<input type="text"/>
Certification Number/Certifier Client ID (if applicable)	<input type="text"/>

Category of Expenses	Source	Expenses	Other Reimbursement for Expenses Received <i>(Excluding OCCSP payments)</i>
Crops (certified organic)	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Wild Crops (certified organic)	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Livestock (certified organic)	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Processing/Handling (certified organic)	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
State Organic Program Fees (CA only)	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Transitional	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Soil Testing	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>
Education	PRODUCER	<input type="text"/>	<input type="text"/>
	COC USE ONLY	<input type="text"/>	<input type="text"/>

1 of 2 Steps

Exit

Save

Continue

Save and Continue

[Return to top](#)

2.3 Summary Screen

The Summary Screen will summarize all revenue information recorded within the OTECP Application and allow the applicant to electronically sign the application.

Part A & Part B **Summary**

Program Year: **2020** State: **Arkansas (05)** County: **Madison (087)** Application Status: **Initiated**
Producer: **Ima Producer** Administrative State: **Arkansas (05)** Administrative County: **Madison (087)** Application ID: **1102**

PART A - PRODUCER INFORMATION

Have you participated in FSA programs? **YES**
(If "NO", please fill out AD-2047 and SF-3881)

PART B - CERTIFICATION INFORMATION & EXPENSES

Certified Operation Name (if applicable)	Organic Comp.
Certification Number/Certifier Client ID (if applicable)	CA890989

Category of Expenses	Source	Expenses	Other Reimbursement for Expenses Received <small>(Excluding OCCSP payments)</small>
Crops (certified organic)	PRODUCER COC USE ONLY	100.00	
Soil Testing	PRODUCER COC USE ONLY	700.00	100.00

PRODUCER CERTIFICATION

1. The above information provided by me or my legal representative is true and correct.
2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions. By signing this form, I further acknowledge and understand that any false representation or claims are subject to civil and criminal penalties including, but not limited to, those under 18 U.S.C. 1001.

To put your electronic signature on the application for **BOATRIGT, A C** check this box.

2 of 2 Steps

3 Enrolling OTECP Application

3.1 Overview

The user will be able to record an electronic signature on their OTECP Application.

By recording an electronic signature, the user is confirming the OTECP Application is ready for COC Action.

3.2 Recording Electronic Signature

To record the user's electronic signature, the user must navigate to the Summary Screen of the OTECP Application.

To enroll the OTECP application,

- CLICK the checkbox
- CLICK "Save and Continue".

PRODUCER CERTIFICATION

1. The above information provided by me or my legal representative is true and correct.

2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions. By signing this form, I further acknowledge and understand that any false representation or claims are subject to civil and criminal penalties including, but not limited to, those under 18 U.S.C. 1001.

To put your electronic signature on the application for Ima Producer check this box

2 of 2 Steps

Exit Back Save and Continue

4 Editing a OTECP Application

4.1 Overview

A OTECP application can be edited up until a COC Determination has been recorded. When COC Determination information has been recorded, the application information will be view-only.

To modify an application with COC Determination information recorded the user must contact their local FSA office for assistance.

When OTECP production information has been modified or added to an application the electronic signature will automatically be removed from the application. The user must electronically sign the application every time an application is modified.

5 Printing a OTECP Application

5.1 Overview

The user can print the OTECP application from the Applicant's Selection Screen.

- SELECT the ratio button
- CLICK “View Form” button.

App ID ^	Producer ^	Role	Admin State/County	Certification Number/Certifier Client ID	Application Status	COC Determination
1102	Ima Producer	Self	Arkansas / Madison	CA890989	Enrolled	

FSA-883 will display in a PDF format and can be printed.

The form can be printed by:

- Selecting “Print” from the File Menu.
- Selecting the Print Icon

FSA-883 (09-20-20) U.S. DEPARTMENT OF AGRICULTURE ORGANIC and TRANSITIONAL EDUCATION and CERTIFICATION PROGRAM (OTECP)

Form Approved - OMB No. 0560-0088 OMB Expired date 11/02/2020

1. Admin. State Name/Code: Arkansas (AR) 2. Admin. County Name/Code: Madison (087)

3. Program Year: 2020 4. Application No.: 1102

5. Applicant Name: IMA PRODUCER 6. Address: IMA PRODUCER, 12345 MAIN ST, MADISON, AR 72701 7. Phone Number: (501) 555-1234 8. Email Address: ima@imaproducer.com

9. Certification Number/Certifier Client ID: CA890989

10. Application Status: Enrolled

11. COC Determination:

Once “**Print**” has been selected a “Print” window will display

- CLICK “**Print**” to print the FSA-883

Note: Printing options can be different for a variety of reasons. The above screenshot may not match what displays on the user’s computer.

6 Notifications

6.1 County Office Notifications

Email notifications will be sent to the recording county office when:

- an online application is created.
- an online application is modified.
- an online application has been electronically signed.