

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
TART CHERRY ORCHARD MAP**

GROWER NAME: _____	CIAB #: _____	PHONE: _____
ADDRESS: _____	CITY: _____	STATE: _____
BLOCK NAME: _____	BLOCK #: _____	COUNTY: _____
Township: _____		
Section #: _____		
T: _____ R: _____ S: _____ (Example: T2N, R1W, S12)		
NEAREST CROSSROADS: _____ and _____		
LOCATION DIRECTIONS: _____		

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES

ACRES: _____	SPACING: <input type="checkbox"/> x <input type="checkbox"/>	VARIETY: <u>Montmorency</u> <u>Balaton Meteor</u> (optional) <u>Other</u>
EST. OF LIVE TREES REMAINING: _____ %		
ROW NO. 1 IS ON THE <u>North</u> <u>South</u> <u>East</u> <u>West</u> SIDE OF THE FIELD.		

PLEASE NOTE: PLEASE MAP THE BLOCK AS IT WAS ORIGINALLY PLANTED.

<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>	<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>	<u>ROW NO.</u>	<u>TREES IN ROW</u>	<u>YEAR PLANTED</u>
1			25			49		
2			26			50		
3			27			51		
4			28			52		
5			29			53		
6			30			54		
7			31			55		
8			32			56		
9			33			57		
10			34			58		
11			35			59		
12			36			60		
13			37			61		
14			38			62		
15			39			63		
16			40			64		
17			41			65		
18			42			66		
19			43			67		
20			44			68		
21			45			69		
22			46			70		
23			47			71		
24			48			72		

IF THE BLOCK IS LARGER THAN 72 ROWS, USE ANOTHER MAP FOR THE CONTINUATION AND INDICATE THAT THE SECOND MAP IS A CONTINUATION OF THE FIRST.

ATTACH OR DRAW MAP(S) THAT SHOWS BLOCK LOCATION USING SECTIONS, TOWNS, ROADS, and/or OTHER IMPORTANT LANDMARKS SO THAT THE BLOCK CAN BE EASILY FOUND.

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT MAPPING OF THE ORCHARD TO WHICH IT APPLIES.

Grower Signature _____ **Date:** _____

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
GROWER DIVERSION APPLICATION**

Crop Year 20xx

To divert cherries in your orchard for Crop Year 20xx, this form must be filed at the CIAB office **no later than April 15, 20xx**. Along with this application, new and/or updated orchard maps for the diverted blocks must also be submitted.

Name of Grower: _____ Grower #: _____
 Address: _____
 City: _____ State _____ Zip _____
 Phone number: () _____

This section must be completed. (Indicate all appropriate responses.)

A. _____ I have carefully reviewed the orchard maps sent to me by CIAB after January 20__ and there are NO changes to any of those blocks represented by those printouts. I certify those printouts are a true and accurate representation of my current orchard blocks.

B. _____ Attached are _____ revised orchard maps. The rest are the same

C. _____ Attached are _____ new orchard maps.

(Number of maps)

I agree by participating in this diversion program that I will abide by the rules and regulations hereby established by the Board for diversion.

AUTHORIZATION FOR LIMITED SHARING OF INFORMATION

By marking this box I authorize the CIAB and the various state statistical services, including the Michigan, New York, Oregon, Pennsylvania, Utah and Wisconsin Agricultural Statistic Services, to share information regarding the layout, location and composition of my tart cherry orchards. I recognize that this sharing of information will streamline the reporting of this information to both the CIAB and the statistical services. This authorization shall continue for the next 5 years unless it is revoked by me in writing.

Signature: _____

Dated: _____

Return by April 15, 20xx to:

Cherry Industry Administrative Board

12800 Escanaba Drive, Suite A

P.O. Box 388

DeWitt, MI 48820-0388

Phone: (517) 669-1070 Toll Free: (888) 639-2422

Fax: (517) 669-1260

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office

of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.