

**CHERRY INDUSTRY ADMINISTRATIVE BOARD
GROWER DIVERSION APPLICATION
Crop Year 20**

To divert cherries in your orchard for Crop Year 20__, this form must be filed at the CIAB office **no later than April 15, 20_**. 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, 20_____ 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, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for 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.

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

GROWER NAME: _____ **CIAB #:** _____ **PHONE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

BLOCK NAME: _____ **COUNTY:** _____

Township: _____ **Section #:** _____ **T:** _____ **R:** _____ **S:** _____ (Example: T2N, R1W, S12)

GPS Info, Optional and if Available

Lat.	Long.	
Row 1, Tree 1	—□ —' —" / —□ —' —"	
Point 2	—□ —' —" / —□ —' —"	
Point 3	—□ —' —" / —□ —' —"	
Point 4	—□ —' —" / —□ —' —"	
Point 5	—□ —' —" / —□ —' —"	
Point 6	—□ —' —" / —□ —' —"	
Point 7	—□ —' —" / —□ —' —"	
Point 8	—□ —' —" / —□ —' —"	

BLOCK LOCATION: _____

NEAREST CROSSROADS: _____ **and** _____

LOCATION DIRECTIONS: _____

GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES

ACRES: _____ **SPACING:** □ x □ **VARIETY:** Montmorency Balaton Meteor

EST. OF LIVE TREES REMAINING: _____ % **(optional) Other** _____

ROW NO. 1 IS ON THE North South East West **SIDE OF THE FIELD.**

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

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

IF THE BLOCK IS LARGER THAN 60 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.

Date: _____

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.