

**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** \_\_\_\_, 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: (    ) \_\_\_\_\_ Cell number: (    ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**This section must be completed.** (Indicate all appropriate responses.)  
 (If you do not have any changes to your maps on file with the CIAB, this form does NOT need to be returned.)

- A. \_\_\_\_ Attached are \_\_\_\_\_ revised orchard maps. The rest are the same.  
 B. \_\_\_\_ Attached are \_\_\_\_\_ new orchard maps.  
     (Number of maps)  
 C. \_\_\_\_ I have removed the following blocks \_\_\_\_\_

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

Grower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return by \_\_\_\_, 20\_\_ to:**

**Cherry Industry Administrative Board**  
 2900 West Rd., Ste 102  
 East Lansing, MI 48823  
 Phone: (517) 669-1070  
 Email: info@cherryboard.org

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:	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: ____ x ____	VARIETY: Montmorency <input type="checkbox"/> Balaton <input type="checkbox"/>
EST. OF LIVE TREES REMAINING: ____ %	(optional) Other <input type="checkbox"/>
ROW NO. 1 IS ON THE <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> 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.

Grower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

CIAB Form 6 (Exp. 4/30/2027) Destroy previous versions.