

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 __, 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.

AUTHORIZATION FOR RELEASE OF PRODUCTION INFORMATION TO YOUR INSURANCE CARRIER

By marking this box I authorize the CIAB to release to my crop insurance carrier _____ (e.g. Greenstone, FSA...) my production numbers for crop year(s) _____. I recognize that this sharing will streamline the reporting of this information to the insurance carrier. This authorization shall continue until revoked by me in writing.

Signature: _____ **Dated:** _____

Return by April __, 20__ to:

Cherry Industry Administrative Board

12800 Escanaba Drive, Suite A
 DeWitt, MI 48820

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:	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: _____

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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 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.