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: ____________________________  State _______  Zip ______
City: ______________ 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:**

<table>
<thead>
<tr>
<th>Township:</th>
<th>Section #:</th>
<th>T:</th>
<th>R:</th>
<th>S:</th>
<th>GPS Info, Optional and if Available</th>
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<tbody>
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<td>(Example: T2N, R1W, S12)</td>
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**Lat.**

**Long.**

**Row 1, Tree 1**  

**Point 2**

**Point 3**

**Point 4**

**Point 5**

**Point 6**

**Point 7**

**Point 8**

**BLOCK LOCATION:**

**NEAREST CROSSROADS:**

**LOCATION DIRECTIONS:**

**GENERAL INFORMATION ABOUT THIS BLOCK OF CHERRIES**

**ACRES:**

**SPACING:**

**N x N**

**VARIETY:**

- Montmorency
- Balaton
- Meteor (optional)
- Other

**EST. OF LIVE TREES REMAINING:**

**%**

**ROW NO. 1 IS ON THE**

**9 North**

**9 South**

**9 East**

**9 West**

**SIDE OF THE FIELD.**

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

<table>
<thead>
<tr>
<th>ROW NO.</th>
<th>TREES IN ROW</th>
<th>YEAR PLANTED</th>
<th>ROW NO.</th>
<th>TREES IN ROW</th>
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**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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