REQUEST FOR LISTING ON MDA'S PESTICIDE SENSITIVE CROPS LOCATOR

Maryland Department of Agriculture
Pesticide Regulation Section
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
Phone 410/841-5710 Fax 410/841-2765

Name/Owner: _____ Address: _____

City/Town: _____ State: _____ Zip Code: _____

County: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

Check one of the boxes:

☐ Vineyard/Grape Grower ☐ Orchard ☐ Organic Grower ☐ Other Specify _____

NOTE: For each location please provide the name of the Vineyard, Orchard, or Farm and number of acres at each location. In addition, please provide the address of the location, and if known, the latitude and longitude.

Location Number 1 Is this location certified organic ☐ Yes ☐ No

Name: _____ Number of Acres: _____

Address: _____ City/Town: _____

Zip Code: _____ County: _____ Crops: _____

NOTE: *If no street address is available please provide the Latitude and Longitude in the following format*
Latitude: 39.121560 N Longitude: 77.121560 W

Latitude: _____ Longitude: _____

Location Number 2 Is this location certified organic ☐ Yes ☐ No

Name: _____ Number of Acres: _____

Address: _____ City/Town: _____

Zip Code: _____ County: _____ Crops: _____

NOTE: *If no street address is available please provide the Latitude and Longitude in the following format*
Latitude: 39.121560 N Longitude: 77.121560 W

Latitude: _____ Longitude: _____

For Additioal Locations complete another form(s)

DISCLAIMER: The Maryland Department of Agriculture assumes no liability for the accuracy of the information provided on the website, web content or adverse action relating to the site. All information is as it was provided to the Department by the participating growers.
This is a voluntary prgram and the information you provide will be used on the website.

The information displayed on the website is provided as a service and does not remove any liability of the user to follow all applicable laws, and regulations.

This form **MUST** be signed and dated before we can enter the information in the Pesticide Sensitive Crop Locator

Signature: _____ Date: _____

Mail or Fax Completed Form(s) to the above address or Fax Number