Crop Services and Staff Request Form

Maine Agricultural & Forest Experiment Station

Note: Use a Special Project Request Form if you are requesting assistance or material from station farms

other than basic services.

| Farm (select one): | | Aroostook | | 1 | Blueberry Hill | | Highm | noor | Rogers W | | Witter | | |
|--|-----------|-----------------|----------|----------------------------------|---------------------|---------------------------|--------|---------|----------|-----------------|------------------|--|--|
| Principal Investigator: | | | <u>.</u> | | | | | Date of | Requ | Jest: | | | |
| Department: | Email: | | | | | | Phone: | | | | | | |
| Cooperator(s): | | | | | | one/E | | | | | | | |
| Grad Student(s): | | | | | | Phone/Email: | | | | | | | |
| Undergrad(s): (# or names if known) | | | | | | Phone/Email: | | | | | | | |
| Unique Identify- ing Project Title ¹ : | | | | | | | | | | | | | |
| Project Description: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Acreage Requested with Basic Service ² (in 0.1 units). Units are planted acres at Aroostook Farm and field acres at other farms, but fees reflect all cost of service in both cases. | | | | | Tota | Total Acreage Requested w | | | l with | nout Basic Serv | ice ³ | | |
| Plot use starting date (this year) | | | | Plot use ending date (this year) | | | | | | multiyear proj | ect? | | |
| Additional information on size and preferred location of plots (attach any maps or diagrams of plot setup if available) ⁴ : | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Dees this ownerimen | t pood to | he en cortified | organi | | ound 2 ⁵ | | 1 | | | | | | |
| Does this experiment need to be on certified organic ground? ⁵ | | | | | | | | | | | | | |
| Crops Being Grown: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Pest-Related Information: ⁶ | | | | | | | | | | | | | |
| Person Responsible for Applying Pesticides: | | | | | | | | | | | | | |
| Please List All Pesticides to Be Used: | | | | | | | | | | | | | |
| For Insects: | | | | | | | | | | | | | |
| For Disea | ases: | | | | | | | | | | | | |
| For We | eds: | | | | | | | | | | | | |

Fertility Program Description:

Harvesting Methods Description:

Please describe any potential long-term effects your treatment might have on the experimental unit/area (e.g., compost or manure applied to only some treatments, pesticide carryover):

If applicable, please describe potential options for mitigating long-term treatment effects (e.g., uniformly crop the experimental unit/area for one year using silage corn):

Funding Sources (granting agency or organization—Indicate here if the project is grandfathered and provide grant acct info in account field below):⁷

1 Please provide a title suitable for the college annual report to the university.

- 2 Basic service includes activities at the field or plot level including lime, fertilizers, organic amendments, tillage, planting, cultivation, spraying, harvesting, mowing, pruning.
- 3 Acreage that will be maintained and managed entirely by project personnel except that farm staff will make pesticide applications as needed. If a change is later made to request services, please submit a new request form.
- 4 If plots are named, please include plot name in this section.
- 5 Bag tags, rates, and dates of all applied materials must be documented and submitted to the person completing the organic application.
- 6 All students, faculty, and staff working on plots to which pesticides are applied are required to have appropriate licenses from the Maine Board of Pesticides Control. Material safety data sheets (MSDS) are required for any chemical used/stored on the farm; please attach copies of MSDSs to this form. All pesticides must be stored in the designated pesticide storage building.
- 7 This information is being collected for the college's annual farm activity report.

| Sign | ature of person | requestir | ng sj | pace: | | | | |
|------------|-----------------|-----------|-------|---------|---|---------|--------------------------|--|
| Account #: | |]- |]- | | - | | Authorized signature: | |
| | Dept | Func | | Program | - | Project | | |

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FOR SUPERINTENDENT'S USE:

To indicate your approval of this request, please add initials and plot identification (number) below:

Initials: _____ Plot #: _____

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