

**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 Additional 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 program 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