

FIELD ID FORM for DICAMBA

(A separate form must be filled out for each field)

(Make copies as needed)

Applicant Name: _____

Farm Entity: _____

Field Name or Number:	
County:	Number of Acres:
Crop Planted:	Planting Date:
GPS Coordinates in decimal degrees at the primary entrance of field: <u>Important:</u> GPS Coordinates are required in Decimal Degree Format! <u>Example:</u> Latitude 34.5862171 Longitude -94.2396554	
Latitude:	Longitude:
Distance (feet or miles) and Direction to any susceptible non Dicamba tolerant crops:	
Number of prior in crop dicamba applications made to this field to date:	

Describe in sufficient detail (other than cost) why Dicamba alternatives will not be practical at this location:

****PLEASE SUBMIT RECORDS TO pesticide.hardshippermits@arkansas.gov ****

*Please be advised that incomplete or inaccurate information will delay the issuance of the requested permit.