FIELD USE FORM **Name:**_____

Document all Crops, Soil Amendments, Fertility Inputs, & Pest and Disease Controls for the last 3 consecutive years and your projected crops/inputs for the coming year. Complete one chart for each field. Please keep in mind that if field sections are managed differently, separate field histories might be required.

Field Name: _____Physical Address (or GPS coordinates) of Field: _____

Is a buffer needed? □ Yes □ No If buffer needed, please describe:_____

Field Size Acres: _____ or Square Feet: _____ Last Soil Test Date: _____ Month + Year of Last Prohibited Substance Application: _____

Field Owner's Name _____ Is Landowner Affidavit on file at MCS? □ Yes □ No Map on file? □ Yes □ No

(If Field is owned by someone else) Is Landowner Affidavit attached? □ Yes □ No

Year	Crop(s)	Organic Matter Inputs (Product/Rate/Date)	Fertility Inputs (Product/Rate/Date)	Insect Control (Product/Rate/Date)	Disease Control (Product/Rate/Date)	Weed Control (Product/Rate/Date)
Projected for 2026						
2025						
2024						
2023						

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