Pesticide & Plant Pest Management Division
PO Box 30017 • Lansing, MI 48909-7517
800.292.3939 phone • 517.335.4540 fax

BLUEBERRY CERTIFICATION PROGRAM APPLICATION (MICHIGAN GROWERS)

To Be Submitted By April 15th of Each Year

Applicant Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Location of each monitored production area (attach maps or extra sheets if necessary):

_____

_____

I hereby certify that I have read and fully understood all of the conditions and requirements for production and shipment of blueberries under the Blueberry Certification Program, as set out in CFIA Directive D-02-04 and will fully comply with all of the specified conditions and requirements.

I shall keep all records required under CFIA Directive D-02-04 including shippers used and shall produce them upon request by a USDA or MDARD inspector.

Blueberries will be produced under: ☐ The IPM Scheme
☐ The Calendar Spray Production Scheme

Shippers I will likely use: _____

_____ _____
Applicant's Signature Date

Approved for Participation in the Blueberry Certification Program

_____ _____
MDARD Official Date

BCP Identification Number Assigned: _____