

D]bY`G\ cch6 YYh`Y7 ca d`]UbW`A UbUj Ya YbhD`Ub`5 [fYYa Ybh

Firm/Person Name			Number
Mailing Address			Title
City	State	Zip Code	Phone No. ()

I, _____, as the Responsible person for the above named business agree to meet all of the Pine Shoot Beetle Compliance Management Plan requirements that include, but are not limited to, the following:

1. To take appropriate sanitation measures to destroy pine shoot beetle (PSB) brood material including cull trees, cut branches, slash, etc. by burning, chipping, burying, or treating of stumps.
2. To set trap logs at the minimum of 8-12 trap logs per acre no later than March 1 or March 15, depending on the Zone where the field is located.
3. To apply a foliar cover spray with an approved insecticide according to label directions at the appropriate time.
4. To visually scout the enrolled fields for PSB during the months of July, August, September and October, for PSB infestation and/or damage and take appropriate pest control measures to control the infestation and to cut and destroy any shoots with PSB damage.
5. To maintain records of all sanitation, trapping, visual scouting and pest control activities on a form provided by the MDARD and make it available to the MDARD upon request.

I also understand that:

6. MDARD will conduct random monitoring of enrolled fields to verify compliance; and,
7. That any deviation or failure to meet requirements will result in the nullification of this agreement and certification under this plan.

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Signature	Signature	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
Date Signed	Date Signed	