

Crop Disclosure

_____	_____	_____
_____	NORTH	_____
_____		_____
_____		_____
_____		_____
_____	SOUTH	_____
_____	_____	_____

I request that Nutrien Ag Solutions apply crop protection products to my field of _____ tolerant crop that I own or control. I understand this herbicide may cause crop injury or destruction and yield loss if applied to foliage, green stems, fruit, crops or other plants that are not resistant/tolerant. To enable Nutrien Ag Solutions to apply this herbicide with proper borders and in accord with the guidance provided on the applicable label(s), I understand I must disclose to Nutrien Ag Solutions: (1) the types of plants/crops in (a) the fields where I have requested application services and (b) those in neighboring fields, and (2) the location of sensitive areas. As a result, I am making the disclosures contained herein for Nutrien Ag Solutions to rely on in performing application services for me.

Planting Date

Crop Stage

Grower/Authorized Operator Date

Nutrien Ag Solutions Employee Date