Farm Evaluation
Part A – General Farm Practices

Member Name: ____________________  Coalition Member ID#: ____________________

1. Pesticide Application Practices (check all that apply)
   - County Permit Followed
   - Follow Label Restrictions
   - Sensitive Areas Mapped
   - Attend Trainings
   - End of Row Shutoff When Spraying
   - Avoid Surface Water When Spraying
   - Reapply Rinsate to Treated Field
   - Target Sensing Sprayer used
   - Use Drift Control Agents
   - Monitor Wind Conditions
   - Use Appropriate Buffer Zones
   - Use Vegetated Drain Ditches
   - Monitor Rain Forecasts
   - Use PCA Recommendations
   - Chemigation
   - No Pesticides Applied
   - Other ____________________
   - Other ____________________

2. If you have one or more nutrient management plans, who helped prepare the plan?
   (Check all that apply)
   - Certified Crop Advisor (CCA)
   - Pest Control Advisor (PCA)
   - Certified Technical Service Providers by NRCS
   - Professional Soil Scientist
   - Professional Agronomist
   - Independently Prepared by Member
   - UC Farm Advisor
   - None of the above

3. Complete Part E on sediment and erosion control practices used on farm field(s).

4. Does your farm have the potential to discharge sediment to off-farm surface waters?
   - Yes
   - No

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system
designed to assure that qualified personnel or represented Members properly gather and evaluate the information submitted. Based on my inquiry
of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,
to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false
information, including the possibility of fine and imprisonment for violations.

______________________________  ________________________________  ________________________________
Signature                      Printed Name                              Date