



Section A - Farm Information

Applicant: _____ Farm Name: _____

Address: _____

Telephone: _____ Facsimile: _____ Email: _____

Name of landowner if not the applicant:

Field Identifier (name/number): _____ Field Location: _____

Property Identification Number(s) : _____

This information is collected as a requirement of the Agricultural Crop Rotation Act, and will be used to assess your request for an approved Management Plan. The information will also be used to audit compliance with the legislation.

Completing the Crop Management Plan

1. Complete Section A - farm information.
2. Attach a GIS map and indicate on the map the field that this management plan applies to. GIS maps are available from the District Offices of the Department of Agriculture and Forestry.
3. Complete Section B - Management Practices and Crop Rotation. Acceptable alternative crop rotations and assistance in completing your plan are available.
4. A preliminary conservation plan is required for fields with slopes greater than 9 %, and may also be a desirable option for fields with slopes less than 9 %. Contact the Sustainable Resources Section of the PEI Department of Agriculture and Forestry, (902) 368-5642, for assistance with this plan. Include a copy of the preliminary plan with this application.
5. An Environmental Farm Plan must be completed before the management plan is submitted.
6. Sign the form and submit the plan to the Management Specialist. Where the applicant and the landowner are different, the landowner must also review and sign the completed form.

For additional information on the Agricultural Crop Rotation Act or your Crop Management Plan, please contact your district agricultural office:

West Prince	(902) 859-8844
Summerside	(902) 888-8040
Charlottetown	(902) 368-4145
Montague	(902) 838-0604
Souris	(902) 687-7040

Completed Management Plans are to be submitted to:

ACRA Management Specialist
PEI Department of Agriculture and Forestry
P.O. Box 1600
Charlottetown, PE
C1A 7N3

Section B Management Practices and Crop Rotation

Previous Year Year 20__ __	Crop:
Tillage / Winter Cover / Additional Practices:	
Year 1 Year 20 __ __	Crop:
Tillage: Winter Cover: Additional Practices:	
Year 2 Year 20 __ __	Crop:
Tillage: Winter Cover: Additional Practices:	
Year 3 Year 20 __ __	Crop:
Tillage: Winter Cover: Additional Practices;	
Year 4 Year 20 __ __	Crop:
Tillage: Winter Cover: Additional Practices:	
Year 5 Year 20 __ __	Crop:
Tillage: Winter Cover: Additional Practices:	

Acceptable Alternate Rotation # _____ (as outlined in options provided by the PEIDAF)

I agree to adhere to all aspects of the Crop Management Plan as presented. I understand that any deviation to this plan must be approved by the Management Specialist, and that I may cancel the plan by informing the management specialist, in writing, of the cancellation. I have completed an Environmental Farm Plan.

Applicant's Signature: _____ **Witness:** _____

Date Submitted: _____

Only required if the applicant is not the landowner:
I have reviewed the Management Plan and I am in agreement with this plan.

Landowner's Signature: _____ **Witness:** _____

Date: _____

I have reviewed and approved this Crop Management Plan.

Management Plan #: _____

Management Specialist Signature: _____

Date Approved: _____