



FARMER PEER LEARNING GROUP

Form 4 - Fertilizer Applications

Note: Please fill out a new form for each fertilizer application.

- Fertilizer application information:

- Application date: _____

- Growth stage:

<input type="checkbox"/> Prior to planting	<input type="checkbox"/> V4 (4 th leaf collar)	<input type="checkbox"/> VT (tasseling)
<input type="checkbox"/> At planting	<input type="checkbox"/> V5 (5 th leaf collar)	<input type="checkbox"/> R1 (silking)
<input type="checkbox"/> Post planting, pre-emergence	<input type="checkbox"/> V6 (6 th leaf collar)	<input type="checkbox"/> R2 (blister)
<input type="checkbox"/> VE (emergence)	<input type="checkbox"/> V7 (7 th leaf collar)	<input type="checkbox"/> R3 (milk)
<input type="checkbox"/> V1 (1 st leaf collar)	<input type="checkbox"/> V8 (8 th leaf collar)	<input type="checkbox"/> R4 (dough)
<input type="checkbox"/> V2 (2 nd leaf collar)	<input type="checkbox"/> V9 (9 th leaf collar)	<input type="checkbox"/> R5 (dent)
<input type="checkbox"/> V3 (3 rd leaf collar)	<input type="checkbox"/> V10+ (10 th + leaf collar)	<input type="checkbox"/> R6 (maturity)

- Application method:

<input type="checkbox"/> Broadcast/sprayed	<input type="checkbox"/> Broadcast/sprayed incorporated
<input type="checkbox"/> Injected	<input type="checkbox"/> Planter banded
<input type="checkbox"/> Planter in-furrow	<input type="checkbox"/> Strip-till
<input type="checkbox"/> Surface banded	

- Was the product applied dry or liquid: _____

- Fertilizer product(s) applied: _____

- Product analysis (e.g. 25-0-0): _____

- Product rate: _____