



2018 Aim® Herbicide Burndown Assurance Program

Program Description:

The most effective treatment to control Marestalk or other tough to control spring weeds begins with a strong burndown program. Tough to control broadleaves need to be sprayed early when weeds are small; less than 2 inches in height. Include a strong residual herbicide for later emerging weeds.

Two Qualifying Programs:

For burndown applications following the FMC recommendations below at the minimum specified rates. Growers who follow the guidelines of the **2018 Aim® Herbicide Burndown Assurance Program** will be eligible for a \$7.00/Acre assurance payment toward the purchase of re-spray materials if they do not maintain commercially acceptable 90% control of labeled weeds versus an untreated check. The assurance claim must be reported prior to June 15, 2018.

FMC Burndown Recommendation – Program 1	Assurance Benefit	Minimum Application Rate	Program Payment Timing
Aim® EC herbicide	90% control of labeled weeds	1 oz/A.	\$7.00/Acre toward the re-spray materials purchase
MSO		1% v/v	
2, 4-D		16 oz/A.	
Glyphosate		32 oz/A.	
And one of the following residuals		PRE Application Rate	
Authority® XL or Authority® Maxx		6.4 oz/A.	
Authority® First		5.7 oz/A.	
Authority® MTZ		14 oz/A.	

FMC Burndown Recommendation – Program 2	Assurance Benefit	Minimum Application Rate	Program Payment Timing
Aim® EC herbicide	90% control of labeled weeds	1 oz/A.	\$7.00/Acre toward the re-spray materials purchase
COC		1% v/v	
Paraquat		44 oz/A.	
And one of the following residuals		PRE Application Rate	
Authority® MTZ		14 oz/A.	
Authority® XL or Authority® Maxx + Metribuzin		6.4 oz/A. + 4-6 oz/A of Metribuzin 75 DF	
Authority® First + Metribuzin		5.7 oz/A.+ 4-6 oz/A of Metribuzin 75 DF	

Minimum Water Volume: 15 GPA. Always consult the product label for rate recommendation and geographic restrictions.



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2018 Aim[®] Herbicide Burndown Assurance Program

Program Requirements:

1. Leave a representative check strip in each field and mark its location
2. Use identical seed varieties or hybrids, fertility, tillage, seeding rate and weed control programs in all comparison check strips.
3. Variable rate seeding technologies and crops grown for seed do not qualify for this program
4. Products must be applied according to label use directions
5. Growers must sign agreement to participate in assurance program by May 15, 2018
6. Record and save product lot or batch numbers
7. If there is a concern about return on investment, you must contact your FMC representative no later than **30 day post application date**

Program Period: October 1, 2017 – June 30, 2018

Program Geography: Nationwide

Program Submission Date: Prior to July 30, 2018

Program Payment Date: 90 days post claim resolution

Program Rules & Conditions:

1. FMC reserves the right to change any or all features of this program at any time
2. Assurance benefit is for product costs only. Application and other related costs are excluded from assurance payments
3. An authorized FMC representative must be notified of a claim prior to the established deadline and have a reasonable opportunity to inspect prior to any additional product applications. The authorized FMC representative must confirm inadequate product performance
4. Proof of purchase is required. Only FMC branded products purchased from FMC Authorized distributors or retailers and reported by Data Dimensions is eligible for payment under this program
5. Only product purchased for resale to growers is eligible for payment under the terms of this program
6. Incentive checks will not be issued for less than \$200. All payments are subject to final approval by FMC Corporation
7. FMC reserves the right to audit all claims. Misreported sales of any type are a clear violation of this program and will be subject to audit and possible forfeiture of any and all program benefits
8. To qualify, growers must submit copies of qualifying FMC brand product invoice(s) to:

FMC Corporation, Program Administration, P.O. Box 221978, Charlotte, NC 28222
9. Documents must be mailed no later than **July 31, 2018** to qualify for program benefits
10. FMC is in no way liable or responsible for any grower failure to pay the retailer



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Grower must be enrolled prior to application and before June 30, 2018.

I agree to the above eligibility requirements and specified program guidelines. All decisions made by FMC Corporation or FMC Corporation representative are final.

(Grower Signature)

(Date)

Grower Name: _____

Address: _____

City/State/ZIP: _____

Mobile Phone: _____

Email: _____

Enrolled Acres: _____

(FMC Star Retailer Signature)

(Date)

Retailer Name: _____

City: _____

Sales Rep: _____

Mobile Phone: _____

Email: _____

