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Name Landwirt Ort Telefon mit Mobilnummer

Hiermit erteile ich der Firma Holzmüller GmbH – Agrarservice den Auftrag für das Kalenderjahr 2025 folgende Pflanzenschutzbehandlungen auszuführen.

**Getreide Herbizid-Behandlung im Frühjahr bzw. Herbst**

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| **Getreideart** | **Fläche in ha** | **Ortsangabe** | **Herbizid-Behandlung****F oder H** | **Herbizid-behandl.****Unkräuter** | **Herbizid-behandl.****Ungräser** | **Pflanzen-schutzmittel über Holzmüller** | **Hofeigenes Pflanzen-schutzmittel** | **Schlag/Teilfläche**(freiwillig für Nachweis) | **Wasserschutz-gebiet****Ja / Nein****Wichtig!** |
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**Getreide Fungizid-Insektizidbehandlung**

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| Getreideart | Fläche in ha | Ortsangabe | **1 x Anwendung Fungizid**Bitte ankreuzen | **2 x Anwendung Fungizid**Bitte ankreuzen | **Insektizid-Behandlung**Bitte ankreuzen | **Wachstums-regler**Bitte ankreuzen | **Pflanzen-schutzmittel über Holzmüller** | **Hofeigenes Pflanzen-schutzmittel** | **Schlag/Teilfläche**(freiwillig für Nachweis) |
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Name Landwirt Ort Telefon mit Mobilnummer

**Mais-Herbizidbehandlung**

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| Fläche in ha | Ortsangabe | **1 x Mais-Herbizid-Behandlung**Bitte ankreuzen | **Pflanzen-schutzmittel über Holzmüller** | **Hofeigenes Pflanzen-schutzmittel** | **Nach-behandlung** | **Schlag/Teilfläche**(freiwillig für Nachweis) | **Wasserschutzgebiet****Ja / Nein****Wichtig!** | **Untersaat****Ja / Nein****Wichtig!** | **Sonstiges** |
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