IDAHO STATE DEPARTMENT OF AGRICULTURE



NOXIOUS WEED FREE FORAGE AND STRAW CERTIFICATION PROGRAM

	AP	PLICATI	ON FORM	
Applicants Name			Phone ()	
Address				
request that the followin	ng fields be inspe	cted (use one	row for each field and/or cutting):	
FIELD IDENTIFICATION	_	-	COUNTY IN WHICH FIELD IS LOCATED	DATE(S) OF HARVEST(S)
General Area Map (include nearest town) North			Specific Area Map (access to fields, boundaries) North	
Attach additional page(s) to p	provide additional ma	p details and info	ormation indicating field access and bound	daries, as necessary.
inspection work and the to allow the agent suffice	at I must check vicient time may resert to earlier that	with the ager sult in the ap _l n ten (10) da	ven sufficient time to schedule and the specific amount of time plication being denied. Inspection ys prior to harvest or cutting. Inspeciated fees.	required. Failure and certification
ten (10) acres. Three d Three dollars (\$3.00) p	ollars and fifty c er acre for fifty-c dred one (101) a	ents (\$3.50) one (51) acre cres. The ag	per field per inspection will be oper acre from eleven (11) acres to one hundred (100) acres. Twent is authorized to assess a ge	o fifty (50) acres. vo dollars (\$2.00)
Applicant's signature				nte

WHITE – Applicant PINK – Agent (Rev. 8-5-21)