

**WEED FREE FORAGE CERTIFICATION PROGRAM
APPLICATION FOR INSPECTION**

Farm/Business Name: _____

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

City: _____ **State:** _____ **Zip:** _____ **Cell:** _____

Field No/ID.: _____ **Crop:** _____ **Hay or Straw?** _____

Latitude: _____ **Longitude:** _____ **Acres Applied For:**

(Enter as Decimal degrees and Longitude as -122.1234 (WGS 84))

Township: _____ **Range:** _____ **Section:** _____ **Quarter:** _____ **County:** _____

Estimated: Package / Bale Size: _____ **Total Tons / No. Bales:** _____

Directions to field(s):
Use back of form or separate paper if needed.

Applicant's Signature: _____ **Date:** _____

I hereby voluntarily apply for certification inspection and agree to abide all rules and regulations governing certification in Oregon. I authorize a representative to enter the field as necessary for certification and examine any records that might assist in the certification of my crop.

\$25.00 non-refundable application fee. Fee must be received before processing application or inspecting fields. Requests for crop inspections shall be made at least 20 days prior to harvest.

For information: phone (503) 986-4620 email: rblack@oda.state.or.us PCA/Object code 33019/8136

For Visa or MasterCard charges mail or fax to: Oregon Department of Agriculture 635 Capitol Street NE Salem OR 97301-2532 FAX (503) 986-4746	For checks or money orders mail to: Oregon Department of Agriculture PO Box 4395, Unit 17 Portland OR 97208-4395
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Name of cardholder _____ Phone _____

Address of cardholder _____ City _____ Zip _____

Card number _____ Exp. date _____

Signature _____ Total charges \$ _____