



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: Latitude 45.999898 and Longitude -122.567843)

County: _____

Package or
Bale size: _____

Estimated
Bales: _____

Estimated
Tons: _____

Directions to field:

Use back of form or separate paper if needed.

Applicant's Signature: _____ Date: _____

I hereby voluntarily apply for certification and agree to abide by 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 for each field. Fee must be received before processing application or inspecting fields. Requests for crop inspections shall be made at least 20 days prior to harvest.

Incomplete application will not be accepted.

For information: phone (503) 986-4620 email: kbailey@oda.state.or.us

PCA/Object code: 33019/8136

For Visa, Discover or MasterCard charges mail of 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

Name of cardholder _____ Phone _____

Address of cardholder _____ City _____ Zip _____

Card number _____ Exp. Date _____

Signature _____ Total charges \$ _____