

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 45.999898 -122.567843) Enter either latitude and longitude or township and range, both not required.

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

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 all rule 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. **It is your responsibility to contact the Oregon Dept. Of Agriculture 10 to 12 days prior to harvest.**

\$25.00 non-refundable application fee. Fee must be received before processing application or field inspection. 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
web: <http://www.oregon.gov/ODA/PLANT/WEEDS/weedfreeforageprogram.shtml>

For Visa or MasterCard charges mail of fax to:
Oregon Dept. Of Agriculture
635 Capitol Street NE
Salem, OR 97301-2532
FAX (503) 986-4746

For checks or money orders mail to:
Oregon Dept. 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 _____