

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

Farm/Business Name: _____

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

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

Field No/ID.: _____ **Crop/Variety:** _____ / _____

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 to from local Consolidated Farm service Agency 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.

Phone (503) 986-4620 Fax (503) 986-4737 Email: rblack@oda.state.or.us

PCA/Obj. 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 16
Portland OR 97208-4395

Name of Cardholder _____ Phone _____

Address of Cardholder _____ City _____ Zip _____

Card Number _____ Exp Date _____ / _____

Signature _____ Total Charges \$ _____