This form is to be completed by a farm operator to verify the application of herbicide to a seed production field. Mail or fax this form to MCIA office immediately following the herbicide application.

APPLICANT/SEED COMPANY

GROWER'S NAME

GROWER'S PHONE NUMBER

GROWER'S CELL PHONE NUMBER

GROWER'S COUNTY       FIELD NO.

VARIETY/BRAND GROWN

Indicate the product applied (e.g., Roundup® Original, Ignite® 280, etc.):

RATE APPLIED

DATE APPLIED

APPLICATOR’S NAME

SIGNATURE OF FARM OPERATOR