WEED FREE FORAGE CERTIFICATION PROGRAM Application for Inspection

(See instructions on reverse side)

ADDRESS:		CITY				ZIP	
		FAX:					
2. FIELD LOCATI Field Name/ID: _			_				
Latitude:	I	Longitude:		Count	v:		
Township:	Range:	S	Section:	Q1	uarter:		
Directions to fiel	d(s). Use separa	ate paper if nee	eded:				
3. Acres for Inspecti	on:		Crop:			Hay or Straw	
3. Acres for Inspection4. Estimated Yield:	on:	Bale Size:	Crop:	Total N	o. Bales:	Hay or Straw?	
5. Destination (if kn	own):				o. Bales:	Hay or Straw?	
 3. Acres for Inspection 4. Estimated Yield: 5. Destination (if known 6. Check box to 	own):				o. Bales:	Hay or Straw ^c	
5. Destination (if kn	own): o be listed on th	e ODAFF Hay	y Director	y.		Hay or Straw?	
5. Destination (if kn6. ☐ Check box to	own): b be listed on the ply for certification ize a representative fication of my cropapplication fee. For	n inspection and e to enter the field.	y Director agree to abid(s) as nece	Date:ide by all rules assary for certific	and regulation	as governing certificates amine any records the	
5. Destination (if kn 6. Check box to 7. Signature: I hereby voluntarily appin Oklahoma. I authorimight assist in the certification of the component of the certification of the	own): o be listed on the ply for certification ize a representative fication of my cropapplication fee. For emade no less that	n inspection and e to enter the field.	agree to abid(s) as nece	Date: ide by all rules a ssary for certific	and regulation	as governing certificates amine any records the	
 5. Destination (if kn 6. Check box to 7. Signature: I hereby voluntarily appin Oklahoma. I authorimight assist in the certification of the certification of	own): o be listed on the ply for certification ize a representative fication of my cropapplication fee. For emade no less that	n inspection and e to enter the fiel o. ee must be received in 10 days prior to the payment.	y Director agree to abid(s) as neceed before properties to harvest.	Date: ide by all rules assary for certification	and regulation ication and ex cation or inspe	as governing certificates amine any records the	

Please type or print this form and return by mail or fax to:

Oklahoma Department of Agriculture, Food, and Forestry Plant Protection Section/Weed Free Certification Kaci Hubbell, Program Administrator PO Box 528804
Oklahoma City OK 73152-8804
(405) 522-5971 – Office

www.ag.ok.gov

Kaci.Hubbell@ag.ok.gov

Instructions for completing the weed-free forage inspection application:

- 1. **APPLICANT/FARM NAME and ADDRESS**: Include the contact, farm, or company name, address, telephone number, FAX number, mobile number, and email address.
- 2. **FIELD LOCATION:** Indicate the location of the field(s) to be inspection including legal descriptions, or GPS coordinates, and driving directions from the nearest town. Detailed maps are helpful. Exact determination of the growing field location can be provided to the inspector when arranging for the inspection.
- 3. **ACRES/CROP TYPE FOR INSPECTION:** Indicate the approximate acreage that is to be inspected, the crop to be inspected, and the forage or mulch type (i.e. native grass hay, wheat straw, etc.).
- 4. **ESTIMATED YIELD**: List approximate yield (bales per acre) and estimated total number of bales. Indicate bale size.
- 5. If the destination of the crop is known, please indicate this on the form.
- 6. Check box to be listed as certified Weed Free Forage production on the ODAFF Hay Directory.
- 7. The person requesting the inspection should sign and date the request.

FEE CHARGES:

This application must be accompanied with the \$25.00 non-refundable application fee before application can be process or fields are inspected. Applicant will pay an inspection fee of \$50.00 per hour (minimum 4 hours) or \$3.00 per acre, whichever is greater and mileage charged at the current official state mileage rate. Bale tags will be \$0.25 per tag with a minimum of 100 tags purchased.

PAYMENT INFORMATION:

Send check, money order or credit/debit card payment to:

ODAFF Weed Free Certification PO Box 528804 Oklahoma City OK 73152-8804 405-522-5971 – office 405-522-4584 – fax