

Map# \_\_\_\_\_

ISDA use only

STATE OF IDAHO  
Department of Agriculture  
P.O. Box 7249, Boise, Idaho 83707, or  
1180 Washington St. North, Twin Falls, Idaho 83301  
**APPLICATION FOR INDIVIDUAL FIELD INSPECTION**

Company \_\_\_\_\_ Date Planted \_\_\_\_\_

Crop Type \_\_\_\_\_ Variety \_\_\_\_\_ Seed Lot No. \_\_\_\_\_ Acres \_\_\_\_\_

Number of Fields \_\_\_\_\_ Area Number \_\_\_\_\_ County \_\_\_\_\_ Method of Irrigation \_\_\_\_\_

Grower Name and Phone Number \_\_\_\_\_

Field Rep. Name and Phone Number \_\_\_\_\_

**BEANS and MINT ONLY**

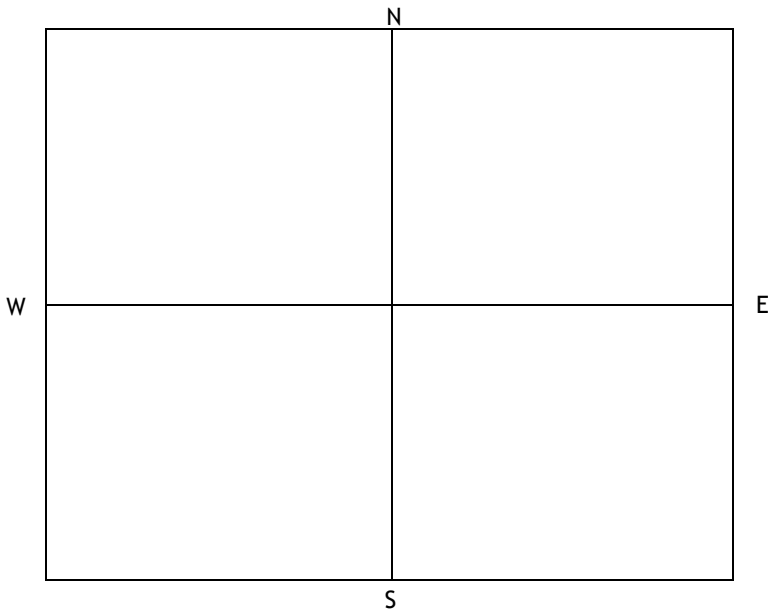
Parent Seed Lot No. \_\_\_\_\_ Pooling Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Planting Certificate No. \_\_\_\_\_ Serologically Tested: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of Field From Town \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FIELD LOCATION MAP: Give exact location of field or fields from house, roads or other identifying landmarks.



Additional Diseases (Common Name/Scientific Name):

**Do not list default diseases**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSPECTIONS:**

Field: Date \_\_\_\_\_  
Date \_\_\_\_\_  
Date \_\_\_\_\_

Cut date: \_\_\_\_\_ Harvest date: \_\_\_\_\_  
Inspector \_\_\_\_\_  
Inspector \_\_\_\_\_  
Inspector \_\_\_\_\_

Windrow/Digging: Date \_\_\_\_\_  
Date \_\_\_\_\_

Inspector \_\_\_\_\_  
Inspector \_\_\_\_\_

Comments:

Accepted/Rejected \_\_\_\_\_  
(circle one) Initials