

**IDAHO STATE DEPARTMENT OF AGRICULTURE (ISDA)**

**CHEMIGATION EQUIPMENT APPROVAL REQUEST**

Company Name	Company Address	Company Phone
Responsible Person (Owner or Manager)	City State Zip Code	FAX Number
Equipment Submitted for Approval (Manufacturer, Model, Size & Description)		Date Submitted for Review
Test Facility Name and Address	City State Zip Code	Test Facility Phone Number
Name of Reviewer / Test Engineer / Lab Manager and Title		E-mail address

Submit all directions for installation and manufacturer’s specifications including promotional documents to:

**Westy Pickup, Chemigation Program Specialist  
Idaho State Department of Agriculture  
2311 Parke Ave. Suite #10  
Burley, ID 83318**

*Required laboratory and field performance specification results shall be submitted directly to the same address from the facility that conducted the equipment tests.*

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Person Representing Manufacturer

\_\_\_\_\_  
Date