



SPECIAL SERVICES - BILLING FORM

(Rev. 2/2021)

DATE OF INSPECTION: _____ REQUESTED BY: _____

COMPANY: _____ INSPECTOR: _____

ADDRESS: _____ PHONE: _____

Treatment Observation (Seed/Plant Treatment, Fumigation, Cold Storage, etc.)
 (\$30 per hour, minimum 1 hour each visit, includes travel time, and per diem incurred.)
 Attach Official Witness of Treatment letter or fill out the applicable information on the back of this form.
 Number of Trips: _____ Total Time: _____ (Minimum of 1 hour each trip)

Official Samples (\$20 per sample) **For ISTA/SAC Sampling Time see Special Inspection Section**

Bean Serology (For Compliance with IDAPA 02.06.06 – Rules Governing the Planting of Beans. Example: 36,000lb lot = 4 @5lb samples.) # of samples _____

Pathology/Nematology: # of samples _____

Purity/Germination: # of samples _____

Referee (One lot/variety divided into sub samples): # sub-samples _____

Other: # of samples _____ Type _____

Special Inspections (\$25 per hour)

Australia Corn: # of Hours _____

ISTA or Seed Analysis Certificate "SAC" Sampling (Time Only): # of Hours _____

Trapping: # of Hours _____ Type _____

Nursery: # of Hours _____

Other: # of Hours _____ Type _____

Transfer permits/Special Certificate of Treatment, Fact or Re-shipment
 (\$10 per transfer permit/\$25 per Certificate of Treatment, Fact or Re-shipment, or like document)
 # of permits issued _____ Type _____

Apiary Inspection (\$15 per hour, minimum 1 hour, mileage (at current rate), and per diem)
 Inspection Hours _____ Travel hours _____
 Mileage _____ Per Diem Expense _____

Misc. Fee (Supervisor/Section Manager Approval Required) (\$25 per hour. Minimum 1-hour charge.)
 Research fees, transfer of lots into ISDA database for Phytosanitary Certificates or In-state planting tags. Lot history verification, sales, purchases, training, or any other circumstance approved. (Company must provide copy of inspection application, copy of ICIA Inspection Report and clean weight. Beans also require a two-year planting history for each lot).
 # of Hours _____ Type _____
 Variety: _____ Lot No: _____ Year/Grower: _____
 Variety: _____ Lot No: _____ Year/Grower: _____

"RUSH SERVICE" (\$100 per certification in additional to normal applicable charges)
 (Requires signature authorizing service)
 I hereby authorize the Idaho Department of Agriculture to perform the "RUSH SERVICE" on the accompanying Phytosanitary Certificate, like Certificate, or service and understand there is a fee applicable for this service.

COMPANY REPRESENTATIVE (Signature)

SPECIAL SERVICES - BILLING REPORT CONTINUED

CHEMICAL / FUMIGANT TREATMENT VERIFICATION

Commodity Treated: _____ Treated for: _____

Date Treatment Started: _____ Date treatment Completed: _____

Number of Trips: _____ TOTAL TIME: _____ (Minimum of 1 hour each trip)

COMPANY REPRESENTATIVE (printed)

COMPANY REPRESENTATIVE SIGNATURE

COMMODITY IDENTIFICATION

VARIETY	LOT NUMBER	WEIGHT	BOX #'S/COMMENT

Comments:

Office Use Only

APIARY INSPECTION: (\$15 per hour) _____
 CHEMICAL/FUMIGATION: (\$30 per hour) _____
 MEAL EXPENSE: (Per Diem) _____
 MILEAGE EXPENSE: (At Current Rate) _____
 MINT TRANSFER PERMIT: (\$10 per permit) _____
 MISC. EXPENSE: (\$25 per hour) _____
 NURSERY INSPECT: (\$25 per hour) _____
 OFFICIAL SAMPLES: (\$20 per sample) _____
 TREAT, FACT, OR RE-SHIP/LETTERS: (\$25 per cert.) _____
 RUSH FEE EXPENSE: (\$100 per phyto): _____
TOTAL BILLING CHARGES: _____