

PART 1 – PROHIBITED WEED SPECIES

(ONLY one species per claim form):

RM or FNB: _____

Stakeholder NAME: _____

PART 2 – HERBICIDE APPLICATION DETAILS - to record Adjuvant separately, include it on the line below the main herbicide for each land location

LLD or GPS Coordinates	HERBICIDE APPLIED	ACRES TREATED	HERBICIDE APPLICATION RATE/acre		Total HERBICIDE Used	COST per Litre or Gram (from invoice)	TOTAL HERBICIDE COST	TOTAL APPLICATION COST	TOTAL AMOUNT PAID (Herbicide + Application Cost)
			LITRES	GRAMS					
TOTALS									

2020 RM **Appointed Weed Inspector** or FNB Land Manger:

Herbicide Applicator:

(Individual named on the license – company name not accepted)

Applicator License #: _____

BEFORE SUBMITTING CLAIM are all supporting documents included:

- SMA consultation email
- Herbicide application records
- Invoices – herbicides & adjuvants
- Invoices - application

PART 3 – CERTIFICATION

RM/FNB: _____

Stakeholder: _____

Email: _____

Email or phone: _____

Phone: _____

DATE: _____

DATE: _____

SIGNATURE**: _____

SIGNATURE*: _____
(RM/FNB Administrator)

*** I/We confirm that, as the stakeholder named above, I/we have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program.*

** I/We confirm that, on behalf of the RM/FNB named above, I/we have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program.*

AUTHORIZED BY SARM:

FOR SARM USE ONLY
REBATE PAID: _____
DATE: _____

