

PART 1 – NOXIOUS 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 AMOUNT PAID |
|------------------------|-------------------|---------------|---------------------------------|-------|----------------------|---------------------------------------|-------------------|
| | | | LITRES | GRAMS | | | |
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| 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:

- Herbicide application records
- Invoices – herbicides & adjuvants

PART 3 – CERTIFICATION

RM/FNB: _____

Email: _____

Phone: _____

DATE: _____

SIGNATURE*: _____

(RM/FNB Administrator)

Stakeholder: _____

Email or phone: _____

DATE: _____

SIGNATURE**: _____

*** 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.*

AUTHORIZED BY SARM:

FOR SARM USE ONLY

REBATE PAID: _____

DATE: _____

** 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.*

