

**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					
<b>TOTALS</b>									

2022 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: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_  
(RM/FNB Administrator)

*\* 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.*

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: \_\_\_\_\_

