Map#_____
ISDA use only

STATE OF IDAHO
Department of Agriculture
P.O. Box 790, Boise, Idaho 83701 or
P.O. Box 401, Twin Falls, Idaho 83301

APPLICATION FOR INDIVIDUAL FIELD INSPECTION

Company _____ Date Planted _____

Crop Type _____ Variety _____ Seed Lot No. _____ Acres _____

Number of Fields _____ Area Number 14 County Ada Method of Irrigation Rill

Grower Name and Phone Number _____

Field Rep. Name and Phone Number _____

BEANS and MINT ONLY

Parent Seed Lot No. _____ Pooling Insurance: Yes ___ No ___

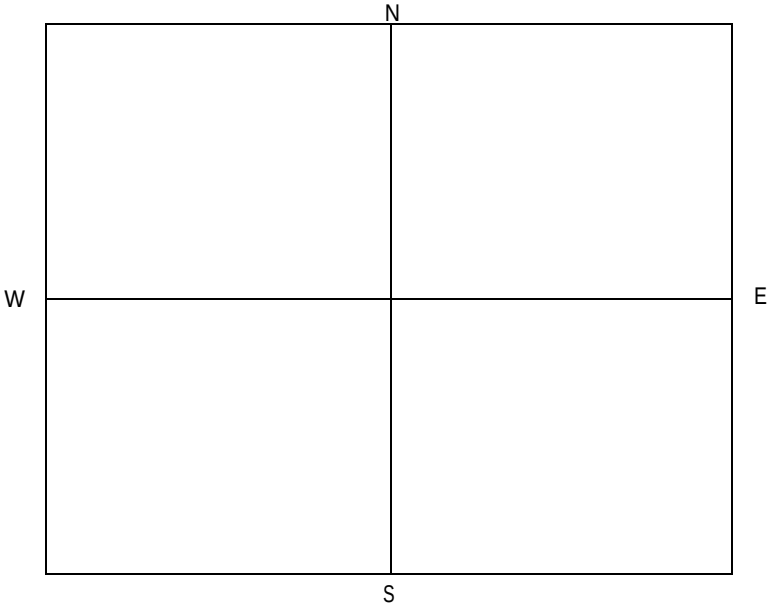
Parent Planting Certificate No. _____ Serologically Tested: Yes ___ No ___

Location of Field From Town _____

_____

Signature of Applicant _____ Date _____

FIELD LOCATION MAP: Give exact location of field or fields from house, roads or other identifying landmarks.



Additional Diseases (Common Name/Scientific Name):

Do not list default diseases

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

INSPECTIONS: Cut date: _____ Harvest date: _____

Field: Date _____ Inspector _____

Date _____ Inspector _____

Date _____ Inspector _____

Windrow/Digging: Date _____ Inspector _____

Date _____ Inspector _____

Comments:

Accepted/Rejected _____
circle one) Initials

WHITE/YELLOW - ID. Dept. of Ag. PINK - Company copy