



STATE OF IDAHO

DEPARTMENT OF AGRICULTURE

C.L. "BUTCH" OTTER
Governor
CELIA R. GOULD
Director

OFFICIAL WITNESS OF FUMIGATION OR TREATMENT

On _____ (Date) _____ an Agriculture Investigator with the Idaho State Department of Agriculture witnessed the commencement of treatment of the commodities listed below at:

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____ PHONE: _____

APPLICATOR INFORMATION:

Applicator's Name: _____ Idaho License Number: _____

Applicator's Signature: _____ License Expiration Date: _____

TREATMENT WITNESSED:

Chemical: _____ Treatment Type: _____

Concentration: _____ Duration & Temperature: _____

Start Date & Time: _____ End Date & Time: _____

FOR EXPORT TO (Country or State): _____

COMMODITIES TREATED:

| SPECIES | VARIETY | LOT NUMBER | WEIGHT | UNITS |
|---------|---------|------------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(If additional commodities need to be listed, please use an additional piece of paper and have ISDA Investigator sign)

On _____ (date), _____, an Agriculture Investigator with the Idaho State Department of Agriculture witnessed the conclusion of treatment of the above listed commodities.