



ALASKA WEED FREE  
CERTIFICATION PROGRAM



Forage Inspection Request Form

Statewide Program Contact:

Division of Agriculture  
Plant Materials Center  
5310 S. Bodenbug Spur  
Palmer, AK 99645  
907-745-8721 | Fax: 907-746-1568

Local Contact:

Soil & Water Conservation District

_____ Producer		_____ Phone	
_____ Address	_____ City	_____ State	_____ Zip Code

_____ Field Location	_____ Acres for Inspection
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Planned Cutting Date: \_\_\_\_\_

Date Inspection Requested: \_\_\_\_\_ (must be within 10 days of cutting date)

I/We intend to participate in the Weed Free Forage Certification Program and request an inspection of the following material sites:

Field Number	Acres	Legal Description	Estimated Yield

Please attach a detailed sketch and/or map showing sites to be inspected.

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

Distribute copies: white to the Division of Agriculture  
Yellow to the Purchaser  
Pink to the Producer