NEBRASKA
Good Life. Great Roots.
DEPARTMENT OF AGRICULTURE

EUROPEAN CORN BORER CERTIFICATION LICENSE APPLICATION

Return completed application, with payment, to:

Nebraska Department of Agriculture
Central Fee Collection
P.O. Box 94668
Lincoln, NE 68509

After the application and payment are received, a Nebraska Department of Agriculture (NDA) inspector will need to verify quarantine compliance before the license is issued.

FACILITY NAME: _____ CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____ E-MAIL: _____

☐ Certification will be based on screening.
Names of those authorized to inspect screening of grain: _____

_____

Types of screeners/scalpers: _____

(Screen must allow grain to pass through, but still screen out cobs and stalks of ½ inch or larger in diameter.)

☐ Certification will be based on fumigation.
Names of those authorized to apply fumigation treatments: _____

(Fumigation may be substituted for screening, but quarantine states will only accept methyl bromide fumigation.)

After reading the quarantine requirements imposed by the various quarantine states, I/we hereby agree to comply with the requirements of the European Corn Borer (ECB) Certification Program. I/we understand that NDA may revoke the certification for any of the following:

1. Failure to completely and accurately fill out the license application or renewal, or failure to carry out the assurances set forth.
2. Failure to pay any fees or costs. If payment is not received, your participation in the ECB Certification Program will be void and all outstanding certificates will be recalled.
3. Failure to maintain facilities and equipment in a manner prescribed by NDA.
4. Failure to properly conduct screening or fumigation of grain shipments, or failure to follow inspection and cleaning procedures prescribed by NDA.
5. Failure to issue ECB Certificates in the manner prescribed by NDA.

NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114, I attest as follows:
☐ This business is not a sole proprietorship.
OR
☐ I am a citizen of the United States.
☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows:
_____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

_____	_____	_____
Print name	Signature	Date

EUROPEAN CORN BORER CERTIFICATION PROGRAM FEES:
$50.00 for issuance of annual European Corn Borer Certification License
$6.25 for each pad of 25 European Corn Borer certificates for shipping

Questions regarding the European Corn Borer Certification Program can be directed to:
Nebraska Department of Agriculture
Animal and Plant Health Protection, Entomology Program
Telephone: (402) 471-2351, Fax: (402) 471-6892
E-mail: agr.phyto@nebraska.gov, Web site: www.nda.nebraska.gov