

GROWING SEASON INSPECTION APPLICATION FOR EXPORT CERTIFICATION



Return completed application to:

**Nebraska Department of Agriculture
Animal and Plant Health Protection, Entomology Program
P.O. Box 94756, Lincoln NE 68509-4756
Phone: (402) 471-2351 Fax: (402) 471-6892
E-mail: agr.phyto@nebraska.gov
Web Site: www.nda.nebraska.gov**



NOTE: A separate application must be completed for each field that needs to be inspected.

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Company contact person (signature): _____

Company contact person (printed): _____

Phone: _____

Crop: _____ Variety: _____

Number of acres: _____ Field name/number: _____

County: _____ Legal description (S-T-R): _____

Field location (describe how to get there): _____

Comments: _____

Fees: Fees for inspection are calculated using the following rates: Inspection & Driving Time - \$24/hour Mileage - 42¢/mile

Lab fees for samples taken during the inspection will also be included in the bill. Please do not send payment with your application. You will be billed after the inspection has been completed.

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 _____