

MISSISSIPPI DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
Cindy Hyde-Smith, Commissioner
P.O. Box 5207, Mississippi State, Mississippi 39762
Phone: (662) 325-3390 • Fax: (662) 325-8397
Cogongrass Research Demonstration Participation Application
Return application to Bureau of Plant Industry.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Mobile Phone:** _____

County in which property is located: _____

- Number of Acres of Cogongrass:

_____ Pasture
_____ Pine Plantation (Age of Trees _____)
_____ Mix Forestry (Age of Trees _____)
_____ Wildlife Food Plot
_____ Other Ag – Use Land
_____ **Total Acres Infested**

- Identify which type of application equipment you have available to use.

ATV Sprayer Boom
 ATV Sprayer Hand Wand
 Tractor Boom Sprayer
 Tractor Hand Wand
 Rented Ground Spray Rig
 Other: _____

- Will you be securing custom application? Yes No

- List name of licensed custom applicator. (*custom applicator must be licensed through the Bureau of Plant Industry as required by the Regulation of Professional Services Law.) _____

- Have you filed an application with NRCS for cogongrass control? Yes No

I understand I will be responsible for applying any herbicides supplied by MDAC-BPI according to recommended treatment protocols, and agree to follow all label directions as required by the Mississippi Application Law of 1975 and FIFRA. All applications will be limited to land I own or lease. I further agree to relieve the Bureau of Plant Industry of any liabilities associated with this application. I agree to maintain records of each treatment and make them available upon request. The deadline for completing pesticide applications is November 1, 2010 and I acknowledge that any product not used must be returned to the Bureau.

***Herbicide distribution restricted to availability of funding**

***Program operates on a first come first serve basis**

Signature: _____

Date: _____

For Official Use Only:

Cogongrass was verified by _____ on _____
Signature Date