



APPLICATION FOR INDIVIDUAL FIELD INSPECTION - 2016
(please use one form per field and variety)

Company Information:

Company Name: _____

Mailing Address: _____

Contact Person(s): _____

Phone: _____ Email: _____

Crop/Field Information per field:

Crop Type: _____ Cultivar/Variety: _____

Lot Number: _____ Date Planted: _____

County: _____ # of Acres: _____

GPS location from center of field: *Latitude:* _____ *Longitude:* _____

Grower Name and Phone Number: _____

Country(s) and/or State(s) product will be exported to *(if applicable):* _____

Please list diseases, weeds, pests to be inspected for and/or other criteria CDA needs to be aware of:

Please return to CDA by May 15, 2016 via:

Email: brian.allen@state.co.us

Mail: *to the address below; Attn: Brian Allen*

For more information call 303-869-9071

<u>CDA Office Use Only:</u>
Inspection Date: _____
Stage of Growth: _____
Plant Part Inspected: _____
Pests Detected: _____
Samples for Tests: _____

