SHERIDAN COUNTY WEED & PEST
2667 AERO LOOP
SHERIDAN, WY 82801
(307)-672-3740

HAY CERTIFICATION INSPECTION AGREEMENT

Inspection Date: _____

Harvest BY Date: _____(10 days from date of inspection)

_____ I grant permission to Sheridan County Weed & Pest staff to enter onto the property to inspect for State Designated, County Declared, and NAISMA Weed Free Forage Standard species.

_____ I understand that certification shall be up to the discretion of the certified inspector and that the inspection shall include surrounding ditches, fence rows, easements, roads, loading areas, stackyards, etc.

_____ I understand that the forage must be **completely harvested within 10 days of the inspection.**

_____ If an unforeseeable circumstance prevents you from harvesting within the 10 day period, you will be **required** to inform SCWP, schedule another **paid** inspection, and sign another Inspection Agreement **BEFORE** commencing cutting.

_____ I understand it's my responsibility to contact SCWP immediately after completion to inform them how many tons/bales came off the certified field.

_____ I understand that this program is to prevent the spread of weed seeds and to educate/encourage landowners to treat their weeds.

_____ If you have any questions you may refer to the NAISMA Weed Free Forage Standards at www.naisma.org or the Wyoming Weed & Pest Council's page at www.wyoweed.org.

_____ I understand this is **NOT** a Certificate of Inspection or a Certificate of Weed Free Forage.

By signing below, I agree to all of the aforementioned.

_____ _____

Signature Date SCWP Staff Date