

Application for Phytosanitary Field Inspection

Division of Plant Health & Compliance

The following form is used to apply for a phytosanitary field inspection. These inspections are conducted on crops destined for export to a foreign country. Field inspections will be performed according to the intended importing country's phytosanitary requirements. The applicant will need to provide a list of potential field contaminants (pests/pathogens) outlined by the country's importation requirements. An inspection certificate will be issued describing the Department's findings after the field inspection has occurred.

Select here if you do NOT want to receive industry updates and notice of items that could impact your business.

INSTRUCTIONS

1. Submit application by the following dates:

All Field Crops:

June 1st

2. Provide a list of all pests and diseases that are to be monitored/tested for.

3. Enclose a field map with the application packet.

4. Ensure that application is signed and filled out completely prior to submission.

5. Submit application via email to: rwilhelm@agri.nv.gov or via mail to:

Nevada Department of Agriculture – Seed Program
405 South 21st Street
Sparks, NV 89431

6. An invoice will be compiled and sent to applicant after application has been processed and all applications have been filed for the given crop year. Fees for each crop type are provided below:

Crop	Price/Acre
All Field Crops	\$7.00

7. You will be contacted by a Department representative to schedule a field inspection after application has been approved.



Application for Phytosanitary Field Inspection
Division of Plant Health & Compliance

Application #: _____
Application Fee: \$ _____

Applicant Information

Company name: _____ Email address: _____
Applicant name: _____ Office number: _____
Mailing address: _____ Cell number: _____
_____ Fax number: _____

Grower Information

Farm name: _____ Email address: _____
Grower contact: _____ Office number: _____
Mailing address: _____ Cell number: _____
_____ Fax number: _____

Crop Information

Crop type: _____ Varietal name: _____
Acres planted: _____ Field number: _____
Date planted: _____ Irrigation method: _____

Field Location ***PLEASE INCLUDE A MAP WITH APPLICATION***

Physical address: _____ **Coordinate information:**
(if applicable) _____ Latitude: _____
Longitude: _____
Directions: _____

Inspection Requirements: Diseases/Other Conditions

Provide a list of diseases and/or pests to be inspected for below (attach a separate sheet if necessary)

Remarks: _____

In signing this form you agree to the terms surrounding phytosanitary field inspections and the applicable regulations set forth within NRS/NAC 587/555.

Signature of Applicant

Date