

IDAHO CROP IMPROVEMENT ASSOCIATION, INC

Co. Field ID. # _____

2283 Wright Avenue, Ste C
Twin Falls, ID 83303

ICIA Field# _____

National Seed Health Inspection Application and Field Report (NSHIP)

Company & Address _____ Phone: _____

Crop Type _____ Area Grown _____ County _____

Variety _____ Acres _____ *One Field Per Application

Seed Lot No. _____ Method of Irrigation: Rill/Gravity or Sprinkler (Circle One)

Grower Name & Address _____ Phone: _____

BEANS ONLY

Parent Seed Lot No. _____ Pooling Insurance: Yes ___ No ___

Parent Planting Certificate No. _____ Serologically Tested: Yes ___ No ___

*Information is made available to Idaho Department of Agriculture Irrigation: Gravity or Rill for Parent Seed Lot (circle one)

Location of Field From Town _____

Give exact location of fields from house, roads or other identifying landmarks

Standard Diseases (Common Name/Scientific Name):

Halo Blight (Pseudomonas syringae pv. phaseolicola)

Common blight (Xanthomonas campestris pv. phaseoli)

Brown Spot (Pseudomonas syringae pv. syringae)

Bacterial wilt (Curtobacterium blaccumfaciens pv. flaccumfaciens)

Fuscus blight (Xanthomonas campestris pv. fuscans)

Anthracnose (Colletotrichum lindemuthianum)

W

E

_____ ***NO Observed Presence of the standard diseases listed***

Additional Diseases you are requesting: Common & Scientific Name

WHSE: Bean Common (western) Mosaic Virus Requested: Yes or NO

Inspector: Bean Common (Western) Mosaic: % if found in field _____

Other Additional Diseases you are requesting: Common & Scientific Name

_____ ***NO Observed Presence of the additional diseases listed***

S

Inspection Data – Lab Analysis if requested: Pathogens Identified & Severity & Lab Sample: (Report will be attached)

Lab Manager Signature: _____ ID Number: _____ DATE: _____

INSPECTION:

Field: 1st Inspection Date _____ Inspector Signature: _____

2nd Inspection Date _____ Inspector Signature: _____

Windrow/Final Final Inspection Date _____ Inspector Signature: _____

Other: _____ Inspector Signature: _____

Signature of Applicant _____ Date: _____