

IDAHO CROP IMPROVEMENT ASSOCIATION INC

429 SW 5TH AVE SUITE 105
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SITELOG APPLICATION

FOR PRE-VARIETY GERMPLASMSOURCE IDENTIFIED SEED CERTIFICATION

APPLICANT NAME: _____

COLLECTOR NAME:* _____

COMPANY NAME: _____

COMPANY NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY / ST / ZIP _____

CITY / ST / ZIP _____

PHONE: _____

PHONE: _____

SPECIES: _____

COMMON NAME: _____

SITE OWNERSHIP: (BLM; USFS; STATE; PRIVATE-NAME) _____

AGENCY PERMIT / CONTRACT #(s): _____

COUNTY: _____ STATE: _____

ELEVATION: _____

COLLECTION DATE(S): _____

SITE SIZE: _____

ASSOCIATED SPECIES: _____

OTHER SITE OR PLANT INFORMATION: _____

Applicant's signature & date

Collector's signature & date

Submit a copy of this form with the \$60.00 fee for each species or site 10 days prior to collection.

Attach a copy of all permits and map(s) of the site location with GPS reading(s) if available.

* if multiple collectors please list all on the back of this form.