Mississippi Department of Agriculture & Commerce Bureau of Plant Industry

P.O. Box 5207, Mississippi State, Mississippi 39762 Phone: (662) 325-3390 Andy Gipson, Commissioner

Cogongrass Research Demonstration Participation Application Form

All information in this form is required and must be completed ACCURATELY and LEGIBLY. Incomplete or illegible forms will not be considered.

Email completed application to Cogongrass@mdac.ms.gov or mail to Bureau of Plant Industry – at the address above.

Name:				
Mailing Address:				
City:	State:	Zip:	County:	
Home Phone:	Mobile Phone	Mobile Phone:		
Email:				
Address of Property with Cogo	ongrass (if different from m	nailing):		
City:	State:	Zip:	County:	
GPS Coordinates (in decimal of	legrees, example: 32.29935	52, -90.170733):		
Latitude:		Longitude:		
Cogongrass Acreage Only:				
Pasture	2			
Pine P	lantation (Age of trees)		
	orestry (Age of trees			
Hardw	• • •			
Other .	Ag-use Land			
Total .	Acres of Cogongrass			
I understand I will be responsible protocols and agree to follow applications will be limited to Industry as required by the Regord any liabilities associated with treatment. The deadline for C	ole for applying any herbicical label directions as requiland I own or lease. Custogulation of Professional Senth this application and agreed ogongrass treatment is No	des supplied by MD red by the Mississip om applicator hired rvices Law. I furthe to maintain and m vember 1st, and I ac	ongrass assistance? Yes No AC-BPI according to recommended treatment opi Application Law of 1975 and FIFRA. All must be licensed through the Bureau of Plant ragree to relieve the Bureau of Plant Industry ake available upon request the records of each eknowledge that any unused product must be buted for the education and outreach purposes	
Signature:			Date:	

Herbicide distribution program depends on availability of funding and operates on a first come first serve basis.