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:				
			County:	
Home Phone:	Mobile Phone:			
Email:				
Address of Property with Cogongrass	(if different from ma	iling):		
City:	State:	Zip:	County:	
GPS Coordinates (in decimal degrees	, example: 32.299352	., -90.170733):		
Latitude:		Longitude:		
Cogongrass Acreage Only:				
Pasture Pine Pl	antation (Age of trees		Mix Forestry (Age of trees)	
Hardwood Oth				
Total Acres of Cogongras	ss			
Have you previously filed an applicat	ion with NRCS or MI	DAC/BPI for Co	gongrass assistance? Yes No	
treatment protocols and agree to follow FIFRA, and to prode additional surface applicator hired must be licensed the Services Law. I further agree to relieve	ow all label directions actant as needed. All arough the Bureau of we the Bureau of Plan upon request the reco	s as required by l applications wi Plant Industry t Industry of any ords of each treat	I by MDAC-BPI according to recommend the Mississippi Application Law of 1975 all be limited to land I own or lease. Cut as required by the Regulation of Profess reliabilities associated with this application ment. The deadline for Cogongrass treatmed to the Bureau.	5 and istom sional n and
Signature:			Date:	

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