

**Montana Department of Agriculture
Agricultural Sciences Division
APPLICATION FOR GROWING SEASON FIELD
INSPECTION OF PLANT COMMODITIES FOR EXPORT**



<p>1. NAME AND ADDRESS OF GROWER</p> <p>AREA CODE AND PHONE NO. ()</p> <p>EMAIL ADDRESS:</p>	<p>2. NAME AND ADDRESS OF APPLICANT (or agent)</p> <p>AREA CODE AND PHONE NO. ()</p> <p>EMAIL ADDRESS:</p>
<p>3. FOREIGN COUNTRY (IES) (Please list the countries the final product will be shipped to.)</p> 	<p>4. PHYSICAL LOCATION WHERE FIELD(S) IS LOCATED, INCLUDING THE COUNTY (IES). (Please provide Lat./Long. coordinates. A map of the field and directions to the field are required. Please indicate if attachment is submitted with this application.)</p>
<p>5. CROP/ VARIETY/ ACRES</p> <p>APPROXIMATE PLANTING DATE:</p> <p>APPROXIMATE HARVEST DATE:</p>	<p>6. OTHER INFORMATION (Please provide any additional information that will help to determine the import requirements, such as, Import Number, treatments applied, certificates or certified seed, etc.)</p>
<p><i>I certify that the article(s) listed is(are) accurately represented, and understand that this field inspection will be based on the current import requirements, which are subject to change post harvest.</i></p>	
<p>6. SIGNATURE (applicant or agent)</p>	<p>7. DATE</p>

INSTRUCTIONS for Growing Season Field Inspection Application Form:

Complete items 1 thru 8.

Forward the original and any supporting documents to: The Montana Department of Agriculture, 302 North Roberts, PO Box 200201, Helena, MT 59620-0201, or fax to (406) 444-9466 or email to ifoley@mt.gov

Item 1: Name and complete address of Grower, and phone number, email address (if available)

Item 2: Name and complete address of Applicant if different from Grower, and phone number, and email address (if available)

Item 3: List all foreign countries expected to ship to.

Item 4: Physical locations where fields are located, including Latitude and Longitude, include a map and directions to the field.

Item 5: Commodity to be certified for export, crop name, variety and acres planted, note the planting date and harvest date of crop to be inspected.

Item 6: Other information that may be applicable: such as, all treatments that have been applied during the growing season, an import permit number and any certificates or certified seed sources.

Item 7: Signature: of applicant or agent.

Item 8: Date of Signature.

Contact List – Updated January 2016

HELENA

Patricia Wherley
Ian Foley
Larry Krum
302 North Roberts
PO Box 200201
Helena, MT 59620-0201

(406) 444-3730
fax (406) 444-9466
email: ifoley@mt.gov