

IDAHO CROP IMPROVEMENT ASSOCIATION, INC.

2283 Wright Ave. Suite C  
Twin Falls, ID 83301

(Remit to specific area office)

429 SW 5th Ave. Suite 105  
Meridian, ID 83642

National Seed Health Inspection Application and Field Report (NSHIP)

Company & Address \_\_\_\_\_ Phone: \_\_\_\_\_

Variety \_\_\_\_\_ Type \_\_\_\_\_ County of Crop: \_\_\_\_\_

Acres Planted \_\_\_\_\_ Pounds Planted \_\_\_\_\_ Planting Date: \_\_\_\_\_

Seed Lot No. \_\_\_\_\_ Method of Irrigation: Rill/Gravity or Sprinkler (Circle One) **One Field Per Application**

Grower Name & Address \_\_\_\_\_ Phone: \_\_\_\_\_

BEANS ONLY

Parent Seed Lot No. \_\_\_\_\_

Parent Planting Certificate No. \_\_\_\_\_ Serologically Tested: Yes \_\_\_ No \_\_\_

\*Information is made available to Idaho Department of Agriculture Irrigation: Gravity/Rill or Sprinkler for Parent Seed Lot (Circle One)

\*\*\*Attach Detailed Map, Directions to Field, and GPS Coordinates if Available\*\*\*

(Give exact location of field from house, roads or other identifying landmarks- make sure two grids are available on the map)

Regulated 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)

Inspector Reporting: \_\_\_\_\_ No Observed Presence of the regulated diseases listed

Other Additional Diseases you are requesting: Common & Scientific Name (If list is more than will fit in space allowed attach a separate sheet)

Inspector Reporting: \_\_\_\_\_ No Observed Presence of additional diseases listed above.

WHSE Choose if you want: Bean Common (Western) Mosaic Virus Inspected for in the field: Yes No (Circle One)

Inspector Reporting: \_\_\_\_\_ % of Bean Common (Western) Mosaic Virus found in the field

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

FIELD INSPECTION:

Inspection Pattern:

1st Inspection Date \_\_\_\_\_ Custom \_\_\_ Inspector Signature: \_\_\_\_\_

2nd Inspection Date \_\_\_\_\_ Custom \_\_\_ Inspector Signature: \_\_\_\_\_

Windrow/Final Inspection Date \_\_\_\_\_ Custom \_\_\_ Inspector Signature: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_