

IDAHO CROP IMPROVEMENT ASSOCIATION

2283 Wright Ave. Suite C
Twin Falls, ID 83301

(Remit to specific area office)

429 SW 5th Ave. Suite 150
Meridian, ID 83642

NATIONAL SEED HEALTH INSPECTION APPLICATION & FIELD REPORT (NSHIP)

Company & Address _____ Phone _____
Variety _____ Type _____ County of Field _____
Acres _____ Pounds Planted _____ Date Planted _____
Seed Lot Number _____ Irrigation Method _____
Grower & Address _____ Phone _____

BEANS ONLY

Parent Seed Lot Number _____
Parent Planting Certificate No. _____ Serologically Tested _____
Information is made available to Idaho Department of Agriculture Irrigation method of Parent Lot _____

*****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)
Anthrachnose	(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 attach separate sheet)

Inspector Reporting: _____ **No Observed Presence of Additional Diseases listed above**

***WHSE Choose if you want the field inspected for: Bean Common (Western) Mosaic Virus* _____**

Inspector Reporting: _____ % of Bean Common (Western) Mosaic Virus found in field

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

FIELD INSPECTONS

Inspection Pattern

1st Inspection Date _____	Custom _____	Inspector Signature _____
2nd Inspection Date _____	Custom _____	Inspector Signature _____
Windrow/Final Date _____	Custom _____	Inspector Signature _____

Signature of Applicant _____ Date _____