

PART 1 – NOXIOUS WEED SPECIES (ONLY one species per claim form):

Sustainable Canadian **Agricultural Partnership**

Competitive. Innovative. Resilient.

2023-2024 INVASIVE PLANT CONTROL PROGRAM (IPCP))
CLAIM FORM	

Submit to SARM by October 31, 2023 by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

RM or First Nation:_____

No.:_____

Stakeholder Name:

APPLIED APPLIED APPLIED APPLIED APPLIEATION RATE/ACRE /ADJOURNTOSED (from invoice) AMOUNT PAID First Nation Land Manager: Image: Ima	PART 2 - HERBICIDE APPLICATION DETAILS to record adjuvant separately, include it on the line below the main herbicide for each land location								
Image: Constraint of the line of th	LLD or GPS Coordinates	/ADJUVANT					GRAM	HERBICIDE	2023 RM Appointed Weed Inspector or First Nation Land Manager:
Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted)				LITRES	GRAMS				
Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted) Image: constraint of the licence - company name not accepted)									
									Herbicide Applicator: (Individual named on the licence – company name not accepted)
Applicator Licence #:									
Applicator Licence #:									
									Applicator Licence #:
			1						Appreciation Electrice #1
TOTALS	TOTALS]

PART 3 – CERTIFICATION

RM/First Nation:
Email:
Phone:
DATE:
SIGNATURE*:

(Administrator or Land Manager)

* I/We confirm, on behalf of the RM/First Nation named above, I/we have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program. I/We understand any personal information in this claim is collected under the authority of and is protected by and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. The ministry may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable CAP programming, for policy and program development and evaluation, and for research and statistical purposes.

Stakeholder:	BEFORE SUBMITTING CLAIM		
Email:	Ensure supporting documents ar		
Phone:	included:Herbicide application records		
DATE:	 Invoices – herbicides and 		
SIGNATURE**:	adjuvants		

** I/We confirm that, as the stakeholder named above, I/We have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program. I/We understand any personal information in this claim is collected under the authority of and is protected by, and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. The ministry may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable CAP programming, for policy and program development and evaluation, and for research and statistical purposes.





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2023-24 Invasive Plant Control Program

NOXIOUS WEED Claim Form

FOR SARM USE ONLY

AUTHORIZED BY SARM:

REBATE PAID:

DATE: