Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

# 2026-2027 INVASIVE PLANT CONTROL PROGRAM (IPCP)
# IPCP PROHIBITED WEED CLAIM FORM

Submit to SARM by October 31, 2026 by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

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

**RM or First Nation:**_____ **No.:**_____

**Stakeholder Name:** _____

**PART 2 – HERBICIDE APPLICATION DETAILS to record Adjuvant separately, include it on the line below the main herbicide for each land location**

| LLD or GPS Coordinates | HERBICIDE /ADJUVANT APPLIED | ACRES TREATED | HERBICIDE/ ADJUVANT APPLICATION RATE/acre | | TOTAL HERBICIDE /ADJUVANT USED | COST PER LITRE OR GRAM (from invoice) | TOTAL HERBICIDE/ ADJUVANT COST | TOTAL APPLICATION COST | **TOTAL AMOUNT PAID** (Herbicide + Application Cost) |
|---|---|---|---|---|---|---|---|---|---|
| | | | LITRES | GRAMS | | | | | |
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| | | | | | | | | | |
| **TOTALS** | | | | | | | | | |

2026 RM **Appointed Weed Inspector** or First Nation Land Manager:

_____

**Herbicide Applicator:** (Individual named on the licence – company name not accepted)

_____

**Applicator Licence #:**

_____

**Service Licence #:** (Copies of licences for each applicator MUST be included)

_____

** Crown land pastures are not eligible for IPCP.

**PART 3 – CERTIFICATION**

RM/First Nation:_____

Email: _____

Phone: _____

DATE: _____

SIGNATURE*: _____

*(Administrator or Land Manager)*

Stakeholder:_____

Email: _____

Phone: _____

DATE: _____

SIGNATURE**: _____

** 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.*

*** I/We confirm, 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.*

**BEFORE SUBMITTING CLAIM ensure all supporting documents are included:**

- Herbicide application records
- Licence - applicator and service (when applicable)
- Invoices – herbicides and adjuvants
- Invoices – application

FOR SARM USE ONLY

REBATE PAID:_____

DATE:_____

AUTHORIZED BY SARM:



SARM Saskatchewan Canada