

Company Field ID# _____

ICIA NSHIP # _____

IDAHO CROP IMPROVEMENT ASSOCIATION, INC.

2283 Wright Avenue, Ste. C
Twin Falls, ID 83301

(Remit to specific area office)

429 SW Fifth Avenue, Ste. 105
Meridian, ID 83642

National Seed Health Inspection Application and Field Report (NSHIP)

Company & Address _____ Phone: _____

Crop Type _____ Area Grown _____ County _____

Variety _____ Acres _____ *One Field Per Application

Seed Lot No. _____ Method of Irrigation: Rill/Gravity or Sprinkler (Circle One)

Grower Name & Address _____ Phone: _____

BEANS ONLY

Parent Seed Lot No. _____ Pooling Insurance: Yes ___ No ___

Parent Planting Certificate No. _____ Serologically Tested: Yes ___ No ___

*Information is made available to Idaho Department of Agriculture Irrigation: Gravity or Rill for Parent Seed Lot (circle one)

Location of Field From Town _____

Give exact location of fields from house, roads or other identifying landmarks

Standard 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*)

W

E

_____ ***NO Observed Presence of the standard diseases listed***

Additional Diseases you are requesting: Common & Scientific Name

WHSE: Bean Common (western) Mosaic Virus Requested: Yes or NO _____

Inspector: Bean Common (Western) Mosaic: % if found in field _____

Other Additional Diseases you are requesting: Common & Scientific Name

_____ ***NO Observed Presence of the additional diseases listed***

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

Lab Manager Signature: _____ ID Number: _____ DATE: _____

INSPECTION: _____ Inspection Pattern: _____

Field: 1st Inspection Date _____ Custom _____ Inspector Signature: _____

2nd Inspection Date _____ Custom _____ Inspector Signature: _____

Windrow/Final Final Inspection Date _____ Custom _____ Inspector Signature: _____

Other: _____ Inspector Signature: _____

Signature of Applicant _____ Date: _____