
(Name)

(Site address)

NOXIOUS WEED MANAGEMENT PLAN
For
Weed Free Certification: Quarry, Mine and Pit
General Information and Data Page

Authorized representative: _____

Title: _____

I am requesting weed free certification. I understand that this certification is conditional and will require a recertification inspection by a County weed biologist every _____ months. I agree to adhere to the following conditions and maintain the required documents. I understand that certifying conditions may change in the future to address unforeseen circumstances.

Check list of required documents:

- A Weed Management Plan, signed by the authorized representative.
- A completed application for "Certification of Weed Free".
- A map of the certification site identifying infested and non-infested areas.
- A priority weed list or weed survey of the area.
- Maintain records of product delivery.

Responsible Pest Control Business or weed control employee:

Phone numbers: _____

Signature: _____

Phone numbers: _____