

_____CWMA
**Individual Landowner Herbicide Application Record &
 In-Kind Contribution Report**

Please fill out and return/mail to _____ CWMA

<i>NAME:</i>	<i>ADDRESS:</i>	<i>PHONE: (208)</i>
<i>Landownership (Circle what applies): Private State Federal Local Gov.</i>		

Date	Hours	Target Noxious Weed(s)	Cover Class (Density %)	Dominant Vegetation (Range, Meadow, Ag., Forest, Riparian etc.)	Equipment Used*	GPS Location of Treatment	Herbicide	Rate	Amount of Herbicide Used	Treatment Acres	Treatment Area

Total Hours _____ Signature _____

For CWMA Coordinator use only: please calculate: Total IK (labor + equipment + herbicide, if provided by landowner) for this page \$ _____

For *Equipment*, list any of the following: ATV w/sprayer, pickup truck w/sprayer, backpack sprayer, transfer pump, trailer(s), saddle horse, tanker truck, GPS unit or any work directly related to weed management.