



## NURSERY STOCK NEMATODE CERTIFICATION APPLICATION

APPLICANT (Firm Name)		COUNTY		AGREEMENT #	
<b>NURSERY TREATMENT</b>					
LOCATION OF TREATMENT (ADDRESS/TOWNSHIP/RANGE)			COUNTY		LOCATION/SITE NUMBER:
UNITS TREATED	MATERIAL USED	DOSAGE / UNIT	TOTAL MATERIAL USED	CROP TO BE PLANTED	
UNITS PLANTED					
PEST CONTROL OPERATOR		CO. REG. #	ADDRESS		
<b>LAND HISTORY</b>					
CROP, LAST YEAR		CROP, YEAR BEFORE LAST		NEMATODE SPECIES KNOWN TO BE PRESENT	
PREVIOUSLY FUMIGATED? YES      NO	YEAR FUMIGATED	MATERIAL USED		DOSAGE/UNIT	
ANTICIPATED START DATE OF SOIL TREATMENT		ANTICIPATED START DATE OF SAMPLING IF SOIL TREATMENT IS NOT DONE OR APPROVED		ANTICIPATED START DATE OF COMMODITY TREATMENT	
SIGNATURE		TITLE		DATE	

**THE APPLICATION WITH THE ANTICIPATED TREATMENT DATE(S) MUST BE SUBMITTED  
 AT LEAST 15 DAYS PRIOR TO ANY TREATMENT OR SAMPLING BEING DONE !!!**

<b>FOR COUNTY APPROVAL USE ONLY</b>												
<b>PHYSICAL CONDITION OF LAND</b>												
TRASH REMOVAL EXCELLENT    GOOD    POOR			SOIL TILTH EXCELLENT    GOOD    POOR			DEEP CULTIVATION EXCELLENT    GOOD    POOR			SOIL TYPE			
<b>TREATMENT DATA</b>												
TYPE APPLICATION	DATE	STARTING TIME	STOPPING TIME	DATE TARP REMOVED	HRS TARP IN PLACE	ACRES TREATED	DEPTH OF APPLICATION	CHISEL SPACE	SOIL TEMP.	SOIL MOISTURE	TYPE WEATHER	INITIAL OF INSPECTOR
SINGLE?												
YES / NO												
First: ____												
Second: ____												
<b>OTHER TREATMENT APPROVALS</b>												
STEAM STERILIZATION Aerated Steam Regular Steam DATE:		HOT WATER DIP 125 °F for 5 minutes ____°F for ____minutes DATE:		OTHER			MATERIAL TREATED    DATE _____ Soil _____ Plants _____ Other _____					
TREATED FOR WHAT NEMATODE?									<b>APPLICATION APPROVED? Yes or No</b>			
UNITS APPROVED		COMMENTS:										

SIGNATURE OF INSPECTOR	DATE
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**MAKE A MAP OF THE TREATED FIELD ON THE BACK SIDE OF THIS APPLICATION**  
 Send to: Department of Food and Agriculture, Pest Exclusion / Nursery, Seed, & Cotton Program  
 1220 N Street, Room A-372, Sacramento, CA 95814

**INSTRUCTIONS FOR FORM 64-054 (Rev. 04/01)  
NURSERY STOCK NEMATODE CERTIFICATION APPLICATION**

A completed application with the anticipated treatment date(s) must be submitted to CDFA, Pest Exclusion/Nursery, Seed, and Cotton Program, Room A-372, 1220 N Street, Sacramento, CA 95814, at least 15 days prior to any treatment or sampling being done. A separate application is required for each location/site.

**HEADING**

Applicant: Enter the name of the nursery/firm.  
 County: Enter the name of the county in which the headquarters of the nursery/firm is located.  
 Agreement #: Enter the agreement number (from Form 64-085, Annual Nursery Stock Nematode Certification Agreement). The agreement number will be the three digit county number and the number of the California License to Sell Nursery Stock (for example: 001-A1234).

**NURSERY TREATMENT**

Location of Treatment: Enter the address, township and range.  
 County: Enter county in which treatment site is located.  
 Location/Site Number: Enter the number or ID of the site (assigned by the grower or county); the location/site number on this form should correspond to the site number shown on Form 64-086.  
 Units Treated: Indicate the number of units (acres or square feet) to be treated.  
 Units Planted: Enter the number of units (acres or square feet) to be planted at that location.  
 Material Used: Enter the name of the material (chemical) to be used.  
 Dosage/Unit: Enter the planned treatment dosage per unit area (acre or square feet).  
 Total Material Used: Enter the total material (quantity) to be used at the location.  
 Crop To Be Planted: Enter the crop or nursery stock to be planted at that location.  
 Pest Control Operator: Enter the name of the pest control operator or company applying the treatment.  
 Co. Reg. #: Enter the registration number of the pest control operator or company.  
 Address: Enter the address of the pest control operator or company.

**LAND HISTORY**

Crop, Last Year: Indicate the crop(s) grown on the same site last year.  
 Crop, Year Before Last: Indicate the crop(s) grown on the site the year before last.  
 Nematode Species Known To Be Present: Enter the name(s) of any plant-parasitic nematodes known to be present on the site.  
 Previously Fumigated?: Circle yes or no. If yes, indicate the year it was last fumigated, the material used, and the dosage applied in the adjacent boxes.  
 Anticipated Start Date(s): Enter the planned date of soil treatment/sampling/commodity treatment (Start dates must be at least 15 days after submission of this application).  
 Signature: Sign your name, indicate your title (e.g., Owner, Manager, etc), and enter the date of submission of this application.

**FOR COUNTY APPROVAL USE ONLY**

This section is to be filled in by the County Agricultural Biologist/Inspector. The inspector shall also make a map of the treated field on the back of this application form, showing the field, buffer zone and nearest cross-roads or the street address, etc.

If you have any questions or need more information, please contact one of the CDFA Agricultural Biologists at district office nearest your location or the County Agricultural Commissioner's office.

<b>CDFA (Headquarters)</b> Rm. A-372, 1220 N Street Sacramento, CA 95814 (916) 654-0435	<b>Northern District</b> 3294 Meadowview Road Sacramento, CA 95832 (916) 262-1171	<b>Northern District</b> 20235 Charlanne Drive Redding, CA 96002 (530) 224-2425	<b>Central District</b> 2889 North Larkin, Suite 101 Fresno, CA 93727 (559) 445-5033	<b>Southern District</b> 6143 Columbus Avenue Riverside, CA 92504 (909) 782-4190
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Map