



Agricultural Services 50% HERBICIDE REBATE APPLICATION

Applicant Name: _____ Date: _____

Mailing Address: _____

Phone Number: _____ Cell Number: _____

Herbicide Applied	Number of Units Purchased	Rate of Application	Application Method	Acres Sprayed
Grazon				
Restore II				
Reclaim II				
TruRange				

Herbicide Applied	Number of Units Purchased	Rate of Application	Application Method	Acres Sprayed
Par III				
2,4-D				

****All other chemicals must be approved by the County Ag Fieldman before purchasing****

Applicator Name: _____ Date of Herbicide Application: _____

Legal Land Description(s) of Location(s) of Herbicide Application(s): _____

(Qt-Sec-Twp-Rge-W5 or Blue Sign Address)

Weeds Controlled (check all that apply)

- Tall Buttercup Oxeye Daisy Hawkweed Wild Caraway
- Canada Thistle White Cockle Common Tansy Perennial Sowthistle
- Other(s) _____

Rebate Program Requirements

- Herbicides must be a registered product and applied according to label directions.
- Round up does not qualify for the rebate.
- Weeds sprayed must be listed in the *Alberta Weed Control Regulation*.
- The name on the rebate form and herbicide receipt must match.
- Map(s) of area(s) sprayed must be attached to form.
- Rebate form must be complete and include applicant signature.
- Property where herbicide application took place will be inspected to ensure weed control has been achieved.
- Rebates are issued based on funding availability and in the order applications are received.
- All documentation must be received on or before September 30th of the year the herbicide application is completed.
- Applicant must include a copy of the receipt that lists the name and quantity of herbicide purchased.
- Rebates will only be issued up to the maximum allowable application rate as per the herbicide label directions.

Application Checklist:

- Form is complete and signed by applicant

- Map(s) of area(s) sprayed are attached

- Receipt with applicant name, herbicide name, and herbicide quantity listed is attached

I, _____ hereby certify that the information given on this form and attachments is full and complete and is, to the best of my knowledge, a true statement of the facts relating to this application for the herbicide rebate.

Date Signature

FOR OFFICE USE ONLY

Date of Inspection: _____ Assistant Ag. Fieldman Review: _____

Inspection Satisfactory: Yes No Agricultural Fieldman Review: _____

Inspector Name: _____

Inspector Signature: _____