Form will currently only submit using Internet Explorer and Firefox web browsers. If using Google Chrome, please print and mail this form to the appropriate address listed below.

FORM #1, REQUEST FOR EVALUATION OF NEED FOR SUPPRESSION OF GRASSHOPPERS OR MORMON CRICKETS IN IDAHO

If you need any assistance completing this form, please call (Monday through Friday 8 am to 5 pm) the Idaho State Department of Agriculture (ISDA) at 208-332-8620.

Does the property meet the following criteria? A minimum of 5 acres <u>and</u> is agricultural use (rangeland, pasture, crops):
   Yes   No

   FEDERAL LAND: Fax or Email to USDA (United States Department of Agriculture) Boise 208-378-5794, Rob.R.McChesney@aphis.usda.gov or Twin Falls 208-734-7863, Bradley.a.newbry@aphis.usda.gov. Or mail to USDA APHIS PPQ, 9118 W. Blackeagle Dr, Boise, ID 83709

   IDAHO STATE LAND OR PRIVATE LAND: Fax or Email to ISDA Boise 208-334-2283, grasshoppers@isda.idaho.gov, or mail to ISDA, DIV of PLANT INDUSTRIES, P.O. Box 790, Boise, ID 83701

Check one or both: Grasshopper Complaint   Mormon Cricket Complaint

Party requesting control: Date of Request: /   /
                    Last Name   First Name

Principal Contact (if other than party requesting control):

Address:
         Street Address   City   State   Zip
Phone(s):   Fax:

County (ies) where rangeland or crop is located:

Owner(s) or land manager(s) of rangeland or crop where control is requested:

Estimated acreage infested: Private: State of Idaho: BLM: Forest Service:

Description: (GPS <u>or</u> Township, Range, Sections) of area where assistance is requested.

GPS: Latitude	Township – Range - Section
GPS: Longitude	

Describe nature of problem (examples: pasture, rangeland, or crops threatened, etc.)

Are you aware of any critical habitat or environmentally sensitive issues such as water (streams, reservoirs, canals), bees, or endangered species in the area where you are requesting assistance?
If so, please explain.

FOR USE BY PPQ/ISDA Case #:	Referred to:_____
Date received: ___/___/_____Time received:_____	Referred by:_____
Received by:_____	At date/time:___/___/___ _____