Submit Form

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 and 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 or 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 #: Date received: ___/___/_____Time received:_____ Received by:_____	Referred to:_____ Referred by:_____ At date/time:___/___/___ _____