

Currently, Forms will 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, Brian.L.Marschman@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 (include city and zip): _____
Street Address City State Zip

Phone(s): _____ Fax: _____
Home Cell

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

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| FOR USE BY PPQ/ISDA Case #: _____ Date received: ____/____/____ Time received: _____ Received by: _____ | Referred to: _____ Referred by: _____ At date/time: ____/____/____ _____ |
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