

Invasive Treatment Plan and Reward Program Application

Name: Phone:

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: List species to be controlled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dimensions of the area to be treated: Address of location to be treated:

County: Township: Section: GPS Coord.: \_\_\_\_\_\_\_ \_

\*\*\* ***Attach map of the location to be treated***\*\*\*

Who will do the treatment? Landowner Contractor Other

Treatment Plan:

1. Are any plants to be treated located in standing water? No Yes - If yes, contact NCCISMA for special instructions/permit.
2. By signing below I am stating that (check each box):

I agree to pre- and post-treatment inspections by NCCISMA staff, and will not proceed with treatments until I receive notification of application status.

I own the property (***Attach copy of property tax statement***) I authorize the work being done

I have received and agree to follow basic decontamination procedures to avoid the spreading of invasive species

I will inspect the treated site for the next three years and conduct follow up treatment as needed I grant permission to the NCCISMA to inspect the site pre- and post-treatment

Signature Date

# For Staff Use

**Pre-Treatment**

Application received on \_\_

Application number

Pretreatment inspection on

Meets criteria for reward? No Yes

by

by

Justification:

# Post-Treatment

Date work completed

Post-treatment inspection on by

Was treatment carried out according to the plan, and does it appear to be successful? No Yes Justification:

*Send completed form to: NCCISMA,437 E. Division St., Cadillac, MI 49601*

# Reward Program Payment

Date form received: Check made out to:

Check number:

Date of check:\_

Amount of check:

Date check mailed:

Treatment site ID number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of input to MISN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of input to DEQ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

North Country CISMA mailing address:

437 E Division St.

Cadillac, MI. 49601