

NIPM 7.2 – Nursery Stock Nematode Certification Application

STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
NURSERY SERVICES PROGRAM
64-054 (Rev. 06/24)



NURSERY STOCK NEMATODE CERTIFICATION APPLICATION

| | | | | | | | |
|---|----------------|--|---------------|--------------------------------------|---|-----------------------|--------------------|
| APPLICANT (Firm Name) | | | | COUNTY | | AGREEMENT # | |
| NURSERY TREATMENT | | | | | | | |
| LOCATION OF TREATMENT (ADDRESS/TOWNSHIP/RANGE) | | | | COUNTY | | LOCATION/SITE NUMBER: | |
| UNITS TREATED | MATERIAL USED | | DOSAGE / UNIT | | TOTAL MATERIAL USED | | CROP TO BE PLANTED |
| UNITS PLANTED | | | | | | | |
| PEST CONTROL OPERATOR | | | CO. REG. # | | ADDRESS | | |
| LAND HISTORY | | | | | | | |
| CROP, LAST YEAR | | CROP, YEAR BEFORE LAST | | NEMATODE SPECIES KNOWN TO BE PRESENT | | | |
| PREVIOUSLY FUMIGATED? <input type="checkbox"/> YES <input type="checkbox"/> NO | YEAR FUMIGATED | MATERIAL USED | | | DOSAGE/UNIT | | |
| ANTICIPATED START DATE OF SOIL TREATMENT | | ANTICIPATED START DATE OF SAMPLING IF SOIL TREATMENT IS NOT DONE OR APPROVED | | | ANTICIPATED START DATE OF COMMODITY TREATMENT | | |
| SIGNATURE | | | TITLE | | | DATE | |

THE APPLICATION WITH THE ANTICIPATED TREATMENT DATE(S) MUST BE SUBMITTED AT LEAST 15 DAYS PRIOR TO ANY TREATMENT OR SAMPLING BEING DONE

| FOR COUNTY APPROVAL USE ONLY | | | | | | | | | | | | |
|--|------|--|--|-------------------|-------------------|--|----------------------|---|------------|---------------|--------------|----------------------|
| PHYSICAL CONDITION OF LAND | | | | | | | | | | | | |
| TRASH REMOVAL <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR | | | SOIL TILTH <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR | | | DEEP CULTIVATION <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> POOR | | | SOIL TYPE | | | |
| TREATMENT DATA | | | | | | | | | | | | |
| TYPE APPLICATION | DATE | STARTING TIME | STOPPING TIME | DATE TARP REMOVED | HRS TARP IN PLACE | ACRES TREATED | DEPTH OF APPLICATION | CHISEL SPACE | SOIL TEMP. | SOIL MOISTURE | TYPE WEATHER | INITIAL OF INSPECTOR |
| SINGLE? | | | | | | | | | | | | |
| YES / NO | | | | | | | | | | | | |
| First: _____ | | | | | | | | | | | | |
| Second: _____ | | | | | | | | | | | | |
| OTHER TREATMENT APPROVALS | | | | | | | | | | | | |
| STEAM STERILIZATION <input type="checkbox"/> Aerated Steam <input type="checkbox"/> Regular Steam DATE: _____ | | HOT WATER DIP 125 °F for 5 minutes ____°F for ____minutes DATE: _____ | | OTHER | | | | MATERIAL TREATED DATE _____ Soil _____ Plants _____ Other _____ | | | | |
| TREATED FOR WHAT NEMATODE? | | | | | | | | APPLICATION APPROVED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| UNITS APPROVED: _____ | | COMMENTS: | | | | | | | | | | |

| | |
|------------------------|------|
| SIGNATURE OF INSPECTOR | DATE |
|------------------------|------|

MAKE A MAP OF THE TREATED FIELD ON THE BACK SIDE OF THIS APPLICATION

Send to: Department of Food and Agriculture, Pest Exclusion/Nursery Services Program
1220 N Street, Room 241, Sacramento, CA 95814

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INSTRUCTIONS FOR FORM 64-054 (Rev. 06/24)

NURSERY STOCK NEMATODE CERTIFICATION APPLICATION

A completed application with the anticipated treatment date(s) must be submitted to CDFA, Pest Exclusion/Nursery Services Program, 1220 N Street, Room 241, Sacramento, CA 95814, at least 15 days prior to any treatment or sampling being done. A separate application is required for each location/site.

HEADING

Applicant: Enter the name of the nursery/firm.
County: Enter the name of the county in which the headquarters of the nursery/firm is located.
Agreement #: Enter the agreement number (from Form 64-085, Annual Nursery Stock Nematode Certification Agreement). The agreement number will be the three digit county number and the number of the California License to Sell Nursery Stock (for example: 001-A1234).

NURSERY TREATMENT

Location of Treatment: Enter the address, township and range.
County: Enter county in which treatment site is located.
Location/Site Number: Enter the number or ID of the site (assigned by the grower or county); the location/site number on this form should correspond to the site number shown on Form 64-086.
Units Treated: Indicate the number of units (acres or square feet) to be treated.
Units Planted: Enter the number of units (acres or square feet) to be planted at that location.
Material Used: Enter the name of the material (chemical) to be used.
Dosage/Unit: Enter the planned treatment dosage per unit area (acre or square feet).
Total Material Used: Enter the total material (quantity) to be used at the location.
Crop To Be Planted: Enter the crop or nursery stock to be planted at that location.
Pest Control Operator: Enter the name of the pest control operator or company applying the treatment.
Co. Reg. #: Enter the registration number of the pest control operator or company.
Address: Enter the address of the pest control operator or company.

LAND HISTORY

Crop, Last Year: Indicate the crop(s) grown on the same site last year.
Crop, Year Before Last: Indicate the crop(s) grown on the site the year before last.
Nematode Species Known To Be Present: Enter the name(s) of any plant-parasitic nematodes known to be present on the site.
Previously Fumigated? Circle yes or no. If yes, indicate the year it was last fumigated, the material used, and the dosage applied in the adjacent boxes.
Anticipated Start Date(s): Enter the planned date of soil treatment/sampling/commodity treatment (Start dates must be at least 15 days after submission of this application).
Signature: Sign your name, indicate your title (e.g., Owner, Manager, etc), and enter the date of submission of this application.

FOR COUNTY APPROVAL USE ONLY

This section is to be filled in by the County Agricultural Biologist/Inspector. The inspector shall also make a map of the treated field on the back of this application form, showing the field, buffer zone and nearest cross-roads or the street address, etc.

If you have any questions or need more information, please contact one of the CDFA Nursery Services at (916) 654-0435 or nurseryservices@cdfa.ca.gov.

Map