

**2024 SRCD Lepidium Control Program Application**

Club Name: \_\_\_\_\_ Club Number \_\_\_\_\_

I wish to participate in the SRCD 2024 Lepidium control program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Option #1 Certified Applicator**

Total acres to be sprayed: \_\_\_\_\_

\* **Add detailed map** and return to SRCD

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**Option #2 Landowner Applied**

Total acres to be sprayed: \_\_\_\_\_

I \_\_\_\_\_ am a landowner for the property listed above. And I will be the one to mix and apply the chemical supplied by SRCD on my Suisun Marsh property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_