

2026 SRCD Lepidium Control Program Application

Club Name: _____ Club Number: _____

I wish to participate in the SRCD 2026 Lepidium control program.

Name: _____ Date: _____

Address: _____

Phone Number: _____ E-mail: _____

Option #1 Certified Applicator

Total acres to be sprayed: _____ x \$300.00 = \$_____

* Add detailed map and return to SRCD

Option #2 Landowner Applied

Total acres to be sprayed: _____ x \$200.00 = \$_____

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: _____