

**Mississippi Department of Agriculture & Commerce**  
**Bureau of Plant Industry**  
P.O. Box 5207, Mississippi State, Mississippi 39762  
Phone: (662) 325-3390 • Fax: (662) 325-0397  
Andy Gipson, Commissioner

## Cogongrass Research Demonstration Participation Application Form

All information in this form is required and must be completed accurately and legibly. Incomplete or illegible forms will not be considered.

Email completed application to Cogongrass@mdac.ms.gov or mail to Bureau of Plant Industry – at the address above.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Property with Cogongrass (if different from mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

GPS Coordinates (in decimal degrees, example: 32.299352, -90.170733):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Cogongrass Acreage Only:

\_\_\_\_\_ Pasture  
\_\_\_\_\_ Pine Plantation (Age of trees \_\_\_\_\_)  
\_\_\_\_\_ Mix Forestry (Age of trees \_\_\_\_\_)  
\_\_\_\_\_ Hardwood  
\_\_\_\_\_ Other Ag-use Land  
\_\_\_\_\_ **Total Acres of Cogongrass**

Have you previously filed an application with NRCS or MDAC/BPI for Cogongrass assistance?  Yes  No

I understand I will be responsible for applying any herbicides supplied by MDAC-BPI according to recommended treatment protocols and agree to follow all label directions as required by the Mississippi Application Law of 1975 and FIFRA. All applications will be limited to land I own or lease. Custom applicator hired must be licensed through the Bureau of Plant Industry as required by the Regulation of Professional Services Law. I further agree to relieve the Bureau of Plant Industry of any liabilities associated with this application and agree to maintain and make available upon request the records of each treatment. The deadline for Cogongrass treatment is November 1<sup>st</sup>, and I acknowledge that any unused product must be returned to the Bureau.

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

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

**Herbicide distribution program depends on availability of funding and operates on a first come first serve basis.**