

IDAHO STATE DEPARTMENT OF AGRICULTURE (ISDA)

CHEMIGATION EQUIPMENT APPROVAL REQUEST

Company Name	Company Address	Company Phone
Responsible Person (Owner or Manager)	City State Zip Code	FAX Number
Equipment Submitted for Approval (Manufacturer, Model, Size & Description)		Date Submitted for Review
Test Facility Name and Address	City State Zip Code	Test Facility Phone Number
Name of Reviewer / Test Engineer / Lab Manager and Title		E-mail address

Submit all directions for installation and manufacturer's specifications including promotional documents to:

**Jim Childs, Chemigation Program Specialist
Idaho State Department of Agriculture
IFQAL – 1180 N. Washington St.
Twin Falls, ID 83301**

Required laboratory and field performance specification results shall be submitted directly to the same address from the facility that conducted the equipment tests.

COMMENTS: _____

Signature of Responsible Person Representing Manufacturer

Date