

USDA/ISDA Voluntary Testing of Pale Cyst Nematode Consent Form

I, _____, the owner/manager of farm(s) known as _____ and field(s) located at _____ in _____ county/counties, which is being tested for the Pale Cyst Nematode (PCN), do hereby release the United States Department of Agriculture (USDA) and the Idaho State Department of Agriculture (ISDA) from any liability resulting in damages that might occur to my field(s) and/or potatoes as a result of field sampling procedures. I understand that the USDA and/or the ISDA will avoid, as much as possible, any damages to my field(s) or crops. By my granting permission to sample these fields, I certify that I have authority to grant access to these fields for sampling and testing, and acknowledge that I will keep the land owner, if applicable, advised of the sampling and subsequent results.

Please provide the following information to identify field(s) and coordinate survey:

- Farm number(s), tract number(s), field ID number(s) and acres for each field. Information can be obtained from the Farm Service Agency (FSA).
- OR
- Township, Section, Range and a description where the field(s) is located within the section, including acreage.
- OR
- Map with field(s) to be surveyed marked (Ex. Google Maps, FSA maps, hand drawn maps with road/intersections).
- AND
- Operator's name and contact information.
 - If land is leased, please provide owner's information.
 - Will the results from this survey be used to certify the crop for export? YES NO NOT SURE

Operator Contact Information (Please Print)

Name	Phone
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Address	City	State	Zip
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Owner Information (Please Print)

Name	Phone
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Address	City	State	Zip
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Signature

Date

Title