



Nebraska Department of Agriculture
 Bureau of Plant Industry, Entomology Division
 P.O. Box 94756
 Lincoln, NE 68509
 Phone (402) 471-2394 Fax (402) 471-6892



**APPLICATION FOR CERTIFICATION OF GRAIN HANDLING FACILITIES
 TO COMPLY WITH EUROPEAN CORN BORER QUARANTINE PROVISIONS**

NAME OF ELEVATOR: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

Names of those authorized to inspect screening of grain: _____ Type of screener or scalper: _____

Date of inspection of screening facilities: _____

(Use the date of inspection conducted by you as the date of this application for certification.)

*Screen must allow grain to pass through, but screen out cobs/stalks/etc.

After reading the quarantine requirements imposed by the various quarantine states aforementioned, I/we hereby agree to comply with the requirements of the European Corn Borer Quarantine Program. I/we understand the Nebraska Department of Agriculture may revoke the certification of any of the following:

1. Failure to completely and accurately provide the information called for on the application, or failure to carry out the assurances set forth.
2. Failure to pay any fees or costs. If payment is not received, your participation in the ECB Program will be void and all outstanding certificates will be recalled.
3. Failure to maintain facilities and equipment in a manner prescribed.
4. Failure to conduct inspections of grain shipment, and to utilize grain handling and inspection procedures prescribed by the Nebraska Department of Agriculture.
5. Failure to issue European Corn Borer Certificates in the manner prescribed by the Nebraska Department of Agriculture.

NAME: _____

TITLE: _____ DATE: _____

If the business is a sole proprietorship, please include the social security number of the individual:

| United States Citizenship Attestation Form | | |
|--|--------------------|---|
| For the purpose of complying with <u>Neb. Rev. Stat.</u> §§4-108 through 4-114, I attest as follows: | | |
| <input type="checkbox"/> I am a citizen of the United States. | or | <input type="checkbox"/> I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request. |
| I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States. | | |
| _____ Print Name | _____ Signature | _____ Date |

OR This business is not a sole proprietorship.

EUROPEAN CORN BORER PROGRAM FEES

\$50.00 for issuance of European Corn Borer Certification of Inspection
 \$6.25 for each pad of 25 European Corn Borer shipping certificates