



Lewis County Noxious Weed Control Board
Stewardship Incentive Program—Pesticide License Reimbursement
Application Form

Fill out the information requested below. Return completed form by mail to:
 Lewis County Noxious Weed Control, 351 NW North st, Chehalis, WA 98532;
 or scan and email to: Weeds@Lewiscountywa.gov.
 Please call with any questions: (360) 740-1215 or (360) 740-1218

Name (first and last)	Email
Mailing Address	City, State, Zip
Physical Address	City, State, Zip
Home Phone	Cell Phone

Do you understand the process required to obtain a Private Applicators Pesticide License? Yes No

Do you plan on obtaining study materials? Yes No

Why are you interested in getting licensed? _____

Are you planning to take the test for the aquatic endorsement which will allow you to spray within riparian areas and over water (with appropriate herbicides & permitting)? Yes No

Do you have any noxious weeds on your property that you want to address? Yes No

If so, what species? _____

Have you scheduled your test? Yes No

If so, when and where will it take place? _____

Would you be interested in volunteering to spray for LCNWCB in knotweed or public areas projects? Yes No

Please initial that you understand and agree to the following:

_____ LCNWCB will only reimburse the costs of approved study materials, test fees, application & licensing fees.

_____ The maximum reimbursement amount is \$100, or 100% of study materials and testing cost (whichever is less).

_____ I understand that funds are limited and LCNWCB has the right to prioritize applicants at their discretion.

_____ I understand that this will count as 1 year towards a 5 year participation maximum in the Stewardship Incentive Program.

_____ I understand that my application will not be approved until my test is scheduled.

_____ I agree to cover the upfront costs of study material and testing and understand that my reimbursement will not be distributed until proper receipts are submitted and processed by LCNWCB along with a completed W9 form.

I hereby accept the terms of this agreement and certify that I am a Lewis County property owner:

Applicant signature _____ Date _____

.....**For Official Use Only**.....

 Lewis County Noxious Weed Control Coordinator signature

 Date