



**Invasive Plant Control Plan – Contractor Record and Certification of Conformance**

**Landowner:**

**Address:**

Land Unit/acres	Plant Species Controlled	Control Methods Used	Application Time & Date	Product Brand Name & Active Ingredient	Product EPA Reg. No.	Amount Applied

**Contractor comments/notes including Restricted Entry Interval (REI):**

I hereby certify that the invasive plant control (through NRCS Conservation Practices Brush Management 314 or Herbaceous Weed Treatment 315) has been completed according to the Invasive Plant Control Plan, NRCS Standards and Vermont State Law and that 90% control of existing invasive plant cover has been attained. Particularly for late season treatments, if greater than 10% of the treated plants are not found to be dead by the following spring/summer then I will return to retreat the plants to assure meeting the 90% control requirement during the second growing season.

Contractor: \_\_\_\_\_  
 Signature Date

Representing: \_\_\_\_\_  
 Name of Company

\_\_\_\_\_  
 Print Name Certification #