



Weed Management Plan Registration

This form is intended for agricultural producers in Saddle Hills County to annually register their Weed Management Plan with the Agricultural Fieldman.

You can submit this form online, at the Saddle Hills County office, or by emailing ag@saddlehills.ab.ca. If you have any questions, please call (780) 864-3760.

Applicant Information

Full Name of Applicant *

Contact Number *

Mailing Address *

Email Address *

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No

Please fill out one section for each quarter you are responsible for weed control on.

Legal Land Description

Is the land owned or rented?

Landowners Name

Type of Crop

Please specify the herbicide(s) or method of control for each crop phase (Pre Seed, In Crop, Pre Harvest, Post Harvest).

If your Weed Management Plan does not apply to that crop phase, please enter N/A.

Pre Seed

In Crop

Pre Harvest

Post Harvest

Please specify herbicides(s) or method of control for non-crop areas (headlands, areas near bush, farm yard etc.)

Do you have additional quarters to add Weed Control Plans for?

Yes

No