

SUSPECTED HERBICIDE-RESISTANT WEED SEED INFORMATION SHEET
(To accompany weed seed to be evaluated for herbicide resistance)

Date: _____

Producer: _____ Email: _____

Address: _____

City: _____ County: _____ State: ____ Zip: _____

Name & Email of Person Submitting Sample: _____

Field ID and/or location: _____

GPS coordinates (if available): _____

How many acres are infested at this location? _____ Acres

What is the weed problem in the field? _____

Problem frequency (check one): First year Occurred for several years Become worse

What specific herbicide(s) was (were) used to manage this weed this year? _____

What has the herbicide program been in this field for the past 5 years (including current year)?

Year	Crop	Herbicide Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

County Extension Contact Person:

Name: _____

Address: _____

Phone: _____

Email: _____

Contact person for testing:

Dr. Jason K. Norsworthy

Weed Scientist

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