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)?

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<th>Year</th>
<th>Crop</th>
<th>Herbicide Program</th>
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County Extension Contact Person: Contact person for testing:

Name: ___________________________ Dr. Jason K. Norsworthy

Address: ___________________________ Weed Scientist

_____________________________ 1366 West Altheimer Drive

_____________________________ University of Arkansas

_____________________________ Fayetteville, AR 72704

_____________________________ jnorswor@uark.edu

Phone: ___________________________ 479-575-8740

Email: ___________________________