



# Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

## 2025-2026 INVASIVE PLANT CONTROL PROGRAM (IPCP) CLAIM FORM

Submit to SARM by October 31, 2025 by email to Annette Ellert, Agriculture Program Administrator at [aellert@sarm.ca](mailto:aellert@sarm.ca)

**PART 1 – PROHIBITED WEED SPECIES**  
(ONLY one species per claim form):

**RM or First Nation:** \_\_\_\_\_ **No.:** \_\_\_\_\_

**Stakeholder Name:** \_\_\_\_\_

**PART 2 – HERBICIDE APPLICATION DETAILS to record Adjuvant separately, include it on the line below the main herbicide for each land location**

LLD or GPS Coordinates	HERBICIDE /ADJUVANT APPLIED	ACRES TREATED	HERBICIDE/ ADJUVANT APPLICATION RATE/acre		TOTAL HERBICIDE /ADJUVANT USED	COST PER LITRE OR GRAM (from invoice)	TOTAL HERBICIDE/ ADJUVANT COST	TOTAL APPLICATION COST	TOTAL AMOUNT PAID (Herbicide + Application Cost)
			LITRES	GRAMS					
<b>TOTALS</b>									

2025 RM **Appointed Weed Inspector** or First Nation Land Manager:

**Herbicide Applicator:** (Individual named on the licence – company name not accepted)

**Applicator Licence #:**

**PART 3 – CERTIFICATION**

RM/First Nation: \_\_\_\_\_ Stakeholder: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DATE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNATURE\*: \_\_\_\_\_ SIGNATURE\*\*: \_\_\_\_\_

*(Administrator or Land Manager)*

*\* I/We confirm, on behalf of the RM/First Nation named above, I/We have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program. I/We understand any personal information in this claim is collected under the authority of, and is protected by, and subject to the provisions of The Freedom of Information and Protection of Privacy Act (FOIP Act) and the federal Privacy Act. The ministry may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable CAP programming, for policy and program development and evaluation, and for research and statistical purposes.*

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**BEFORE SUBMITTING CLAIM ensure all supporting documents are included:**

- Herbicide application records
- Invoices – herbicides and adjuvants
- Invoices – application

**FOR SARM USE ONLY**

**REBATE PAID:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUTHORIZED BY SARM:** \_\_\_\_\_

2025-26 Invasive Plant Control Program  
PROHIBITED WEED Claim Form

