



50/50 REBATE PROGRAM

CRD Invasive Plant Management Suite D, 180 North Third Avenue, Williams Lake, BC V2G 2A4
Ph: 250-392-3351 | TF: 1-800-665-1636 | Fax: 250-392-2812 | Email: invasiveplants@cariboord.ca

Are you operating as a business? Yes No

Business name (if applicable): _____

Registered landowner name: _____

Mailing address: _____
Street/PO Box, City/Town, Province, Postal Code

Landowner contact Information:

Home phone: _____ Work phone: _____ Mobile: _____

Fax: _____ Email: _____

Legal description of property to be treated:

Total property size in acres: _____ • Estimated size of weed Infestation in acres: _____

Species of Invasive Plant/Noxious Weeds Present:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I am applying for: (Please choose which rebate you are applying for)

- PRODUCT REBATE - Please complete section A on the reverse
- TREATMENT REBATE - Please complete section B on the reverse

Signature of Landowner/Occupier

Date



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SECTION A

The following item ***MUST*** be attached to this application form:

- ✓ Copy of herbicide purchase quote

SECTION B

Fill this section out ***ONLY*** if herbicide is applied.

The following items ***MUST*** be attached to this application form:

- ✓ Copy of applicator's quote

Treatment applicator certification number: _____

Service use license number: _____

FOR CRD OFFICE USE ONLY

Cost of Weed Control Treatment: \$ _____

Rebate Approved by the CRD: \$ _____

Approved by: _____ Date _____
Manager of Environmental Services