EQUIPMENT and BIN CLEAN-OUT AFFIDAVIT: SPRING

PLANTER/DRILL CLEAN-OUT AFFIDAVIT

PRODUCER:	
CLEAN OUT DATE:	
CROP VARIETY:	
FIELD ID:	
CUSTOM OPERATOR NAME:	
ADDRESS:	
TYPE OF MACHINE:	

If secondary equipment is used, please fill out this portion.

PLANTER/DRILL ID:	
CLEAN OUT DATE:	
CUSTOM OPERATOR NAME:	
ADDRESS:	
TYPE OF MACHINE:	

PLANTER / DRILL CLEAN-OUT PROCEDURE

Procedure Used *(Please check appropriate box(es))*	*SWEEPING*	*COMPRESSED AIR*	*WASHING*	*VACUUMING*
CENTRAL FILL (if equipped):	☐	☐	☐	☐
SEED BOXES (if equipped):	☐	☐	☐	☐
OPENERS/CLOSING WHEELS:	☐	☐	☐	☐
SEED TUBES:	☐	☐	☐	☐
OTHER- _____:	☐	☐	☐	☐

I hereby attest that the above practices and procedures have been completed.

_____ _____

Grower / Producer *Custom Operator (if applicable)*

_____ _____

Date *Date*