

LIBERTY LINK®  
HERBICIDE TOLERANCE EVALUATION REPORT

MISSOURI CROP IMPROVEMENT ASSOCIATION  
3211 LEMONE INDUSTRIAL BLVD. COLUMBIA MO 65201  
PHONE 573/449-0586 FAX 573/874-3193

This form is to be completed by authorized personnel of the applicant/seed company to verify the application of Ignite® herbicide. Information provided will be treated as confidential business information and shared only with Bayer CropScience under the provisions of its licensing agreements.

**Inspection and Reporting Instructions:**

- Visually inspect each field during the 5-10 day interval after Ignite application. Herbicide Tolerance Evaluation Reports must be submitted to MCIA within 14 days of the inspection. A second inspection report is necessary if it is determined the first application was ineffective.
- A total of 2,000 plants will be evaluated across each field. Split the field into four quadrants and randomly count 500 plants, scoring susceptible (dead) plants in each.
- The 500 plants to be counted should be sequential in a single row. It is permissible to skip areas of row with large gaps in the stand resulting from factors other than herbicide sensitivity. An additional amount of row length to replace the skipped area will be added to the count.
- Compute herbicide tolerance by dividing the number of live plants by the number counted and multiplying by 100, thus, expressing it as a percentage. The results should be placed in the Herbicide Tolerant Evaluation Report, reported by number of counts taken (Example – a field in which 2,000 plants are counted should be reported with 4 data points, one for each 500 plant count.)

APPLICANT / COMPANY \_\_\_\_\_

FARM OPERATOR \_\_\_\_\_

VARIETY OR BRAND \_\_\_\_\_

ACREAGE \_\_\_\_\_

FIELD NUMBER \_\_\_\_\_

IGNITE APPLICATION DATE \_\_\_\_\_

RATE APPLIED (oz/ac) \_\_\_\_\_

STAGE (V1, V2, etc...) \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_

PLANTS COUNTED / DEAD PLANTS \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

IGNITE (Glufosinate) TOLERANCE \_\_\_\_\_ %

SIGNED \_\_\_\_\_

(Please Sign and Print Name)