



## INVASIVE PLANT PATROL CERTIFICATION FORM

The goal of the IPP Certification Program is to encourage and support individual and group commitment to annual collection and submission of invasive aquatic plant screening survey data. To become a Certified Plant Patroller you must have participated in at least one Introductory IPP workshop (or equivalent training), complete the following questionnaire (only the portions that apply) and sign the statement of commitment. The Lake Stewards of Maine (LSM) will provide certified patrollers with standardized field sheets, and an ID card.

Name \_\_\_\_\_

Have you attended an Introductory IPP workshop?  Yes (Year of attendance \_\_\_\_\_)  No

Mailing address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email \_\_\_\_\_

Waterbody to be patrolled (Please write additional waterbodies on back):

Name of waterbody \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_

Would you like to learn more about becoming a Lake Team Leader \_\_\_\_\_ A Regional Coordinator \_\_\_\_\_

### FOR GROUP EFFORTS ONLY

Reporting procedures will vary depending on how the group effort is structured and if the group is participating in the certification program. For example, individual surveyors may report to the team leader on a particular waterbody, who in turn may report to a regional IPP coordinator. The regional coordinator will then submit all reports from that region to LSM.

Are you working as part of an organized waterbody team?  Yes  No

If so, group's name \_\_\_\_\_

Team leader \_\_\_\_\_ Contact info (if available) \_\_\_\_\_

Are you working as part of a regional IPP effort?  Yes  No

If yes, regional affiliation \_\_\_\_\_

Coordinator name \_\_\_\_\_ Contact info (if available) \_\_\_\_\_

### STATEMENT OF COMMITMENT

I have participated in the appropriate training and I wish to make a commitment to Maine's Invasive Plant Patrol effort. I will document my screening survey findings in accordance with standardized procedures and report them to LSM (or to an affiliated certified agent) on an annual basis.

Signature \_\_\_\_\_ Date \_\_\_\_\_