SSCA Tag Order

Date _____

This order may be mailed, faxed or phoned to SSCA. If mailed or faxed, include tab report.

Mail to:	**SSCA**	**Phone to:**	**Fax to:**	**Date Shipped**
	P.O. Box 2619	**334-821-7400**	**334-844-4901**	**VIA: _____**
	Auburn, AL 36831			**For Office Use Only**

Type of tag: Sew on ____ Adhesive label ____ Origin & year grown: State ____ Year ____
Applicant _____ Shipping Address _____
_____ Zip _____ Phone _____
Billing Address _____ Zip _____
Person ordering _____ Date needed _____
Name to go on tag if different than applicant _____
Company to bill if different than applicant _____
Address _____ Zip _____

Class	Variety	Crop	Lot#	# Tags	Bag wt.	Test date

Analysis

Minimum/Maximum certification standards will be printed unless indicated differently below

Lot#	Pure	Inert	Crop	Weed	Germ	Hard	Noxious	For office use only
								Tags
								Freight
								Royalty
								Total