Office Use Only		A	cation for C In State	orn Inspection e of:		n	Application #		
Amount Rec=d	ľ								
Check #	-	Us	arate Applicat	tion for Each Field					
Date Rec=d									
APPLICANT NAME, AI	DDRESS & Z	ZIP		GROWER NAME, AD				RESS & ZIP	
Phone					Phone				
FIELD			HYBRID/INBRED					TOTAL	
# Fertile Sterile			NAME OR #				_	ACRES	
PARENTS	ı	PEDIGREE		LOT NUMBER		SEED STOCK		K SOURCE	ACRES
	FERTILE								
Female:									
PLANTING DATE	ST	ERILE							
MALE OR INBRED INCREASE:									
PLANTING DATE(S)									
SEED HARVESTED WI CLASSIFIED AS:			G RA	ATIO:	:		COLOR OF CORN _		
□ CERTIFIED HYBRID CO		COUNTY FIELD LOCATION			N	TYPE OF CORN (Det			Waxy, Etc.)
☐ FOUNDATION SING	GLE-X					FEMALE MALE			
☐ FOUNDATION INB	RED P	PHYTOSA	ARY INSPEC	TION?		FERTIL	ITY RESTORI	ER USED?	
		☐ Yes ☐ No  To be completed for II, In, Ky & Ne Conduct the appropriate Section 1.				y.	□ YES □ NO		
ATTACH A <u>DETAILED MAP</u> OF FIELD AND/OR GIVE DIRECTIONS TO FIELD:									
I am herewith making application for inspection and certification of the crop listed above. I agree to abide by the By-Laws, Rules, Standards and Regulations of the Association, and pay all fees and charges assessed by the Association. I agree that my application may be suspended or terminated if I violate any of the provisions of such By-Laws, Rules, Standards and Regulations, or if I engage or persist in practices likely to injure of discredit the Association. I understand it is the applicants responsibility to so handle certified seed that its varietal identity is preserved through all stages of production, conditioning and shipping. I understand that all information generated by this service will be kept confidential between the Association and me, except as necessary under USDA, OECD and other regulatory agencies=regulations. All liability for inspection shall be limited to the amount of the fees assessed for the inspection.									
APPLICANT=S SIGNAT	URE		_				DATE		