

APPLICATION AND AGREEMENT FOR CERTIFICATION

CROP _____

OFFICE USE ONLY

Date _____

Check# _____

Amount \$ _____

Applicant Name _____
 Address _____
 City, State, Zip _____
 Telephone: Office _____ Fax: _____
 UPS Address _____
 Person to Contact _____ Cell# _____
 Email _____

Grower Name _____
 Corporate Farm Name _____
 Address _____
 City, State, Zip _____
 Telephone _____ County of Crop _____

**ATTACH TAG FROM EACH LOT PLANTED
 ENCLOSE PAYMENT OF FEES & MAP OF FIELDS*
 INCOMPLETE APPLICATIONS WILL BE RETURNED.**

FEES PAYABLE: *Fees listed in 'Standards' section*

Inspection Fee\$ _____

Late Fee\$ _____

TOTAL FEES \$ _____

The above applicant/grower has read and understands the **Terms and Conditions of Agreement for Certification** as printed on the reverse side this application and agrees to abide by said agreement.

Signature _____ Date _____

LIST FIELD(S) BELOW

Variety	Acres in Field	Source of Planting Seed					Land History			Field ID Name or Number	Seed Produced**	
		# Lbs	Date Planted	Class	Lot Number	State	Last Year	2 Yrs Ago	3 Yrs Ago		Class	ADR

*Attach field maps (ASCS maps) to this application. Show fields according to towns, roads or significant landmarks to locate fields.

Indicate county in which fields are located.

** ADR = Alfalfa Dormancy rating

ALL FEES DUE WITH APPLICATION