



Nevada Department
of Agriculture

REQUEST FOR SEED TEST

Producer's Name: _____

Kind and Variety of Seed: _____

Lot Number: _____

Lot Size: _____

Date: _____

Testing Types Requested: Purity: _____ Germination: _____ Noxious Weed: _____

Projected Date of Requested Completion: _____

Producer's Address: _____

Billing Address: _____

Producer's Contact Information: Phone: _____ Email: _____

Seed Program
Official Form

Phone: 775.353.3711 **Fax:** 775.353.3638 **Email:** rwillhelm@agri.nv.gov **Address:** NDA Seed 405 S. 21st St. Sparks, NV 89431