



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: \_\_\_\_\_