



		Γ	Date Received:	
			Processing ID:	
<b>Sender Information:</b>				
Seed company:		En	nail:	
Contact's name:		Of	Office #:	
Billing address:				
		Fa	x #:	
Mailing address:				
Commis Information.				
Sample Information:	Genus / Species: Varietal name:			
	varietai name.			
			- 1-1-4	
Lot number: Total pounds in lot: Total amount of seed provided (Weight or total # of seeds):				
Total amount of seed prov	1ded (Weight or total # of se	eds):		
Class designation.	Continue D	a sistemad DEs	van doti oa	
Class designation: ☐ Certified ☐ Registered ☐ Foundation ☐ Service ☐ Other:				
Tosts Doggoods d.	□ Service □ O	tner:		
Tests Requested:			□ T-4 1	
□ Purity □ Ger		oxious Weed		
☐ Moisture ☐ Bul	k Analysis $\square G$	MO (Alfalfa only)	☐ Other:	
Comments:				
	Req	quested date of	completion:	
working days after the sample	has been admitted for pr	ocessing. You will I	results will be provided within 14 be notified if processing time exceeds 14 address listed above after results are	
-Complete a separate form for each lot/species to be tested. Attach the form to each container of corresponding seed when submitting multiple samples at once.				
-Form must be completed and mailed/faxed/emailed to the NDA via the contact information below. Request form will be processed upon receipt and tests will be completed on a first come, first serve basis.				
	nv.gov Mail: 405 S Spark I or fax, ensure that sam	South 21 <sup>st</sup> Street ks, NV 89431 ples are labeled ac	cordingly and are easily identified.  that could impact your business.	
Sender Signature:	nature: Date:			
405 South 21st St. Sparks, NV 89431	2300 East S Las Vegas,	t. Louis Ave. NV 89104	4780 East Idaho St. Elko, NV 89801	

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