



Request for Seed Test Form
Plant Industry Division

Date Received: _____
Processing ID: _____

Sender Information:

Seed company: _____
Contact's name: _____
Billing address: _____

Mailing address: _____

Email: _____
Office #: _____
Cell #: _____
Fax #: _____

Sample Information:

Genus / Species: _____ Varietal name: _____
Common name: _____
Treated? Yes No (If yes provide chemical used) Chemical: _____
Lot number: _____ Total pounds in lot: _____
Total amount of seed provided (Weight or total # of seeds): _____

Class designation: Certified Registered Foundation
 Service Other: _____

Tests Requested:

Purity Germination Noxious Weed Tetrazolium
 Moisture Bulk Analysis GMO (Alfalfa only) Other: _____

Comments:

Requested date of completion: _____

-Fees for analysis vary and prices can be found online at agri.nv.gov. Most results will be provided within 14 working days after the sample has been admitted for processing. You will be notified if processing time exceeds 14 working days. An invoice for services will be issued and sent to the billing address listed above after results are obtained.

-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/mailed 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.

This request form can be delivered using the following methods

Email: rwilhelm@agri.nv.gov Mail: 405 South 21st Street
Fax: (775) 353-3661 Sparks, NV 89431

If submitting via email or fax, ensure that samples are labeled accordingly and are easily identified.

Sender Signature: _____ Date: _____

405 South 21st St.
Sparks, NV 89431

2300 East St. Louis Ave.
Las Vegas, NV 89104

4780 East Idaho St.
Elko, NV 89801