

Application for Potato Seed Certification

Plant Industry Division



The following form is an application for seed certification. When filing this form with the Nevada Department of Agriculture, ensure that all regulatory requirements are reviewed. Standards for specific crops can be found under the Nevada Administrative Code (NAC), Chapter 587. The Nevada Department of Agriculture is the state authorized Certified Seed Agency (CSA) and is accredited to prescribe seed crops with certified designation. Please follow the below instructions and file an application prior to the due date in order to successfully file for seed certification:

INSTRUCTIONS

1. Submit application for potato seed certification by May 15th of the production year.
**If the seed stock is planted after May 15, an application must be submitted no later than 5 days after the date on which the seed stock is planted.*
2. Enclose a tag or other proof of seed source(s) as well as a field map with application packet
3. Ensure that the application is signed and filled out completely prior to submission.
4. Submit application via email to: rwilhelm@agri.nv.gov or via mail to:
Nevada Department of Agriculture – Seed Program
405 South 21st Street
Sparks, NV 89431
5. An invoice will be compiled and sent to applicant after application has been processed and all applications have been filed for the given crop year. Fees for each potato certification are provided below:

Crop	Price/Acre
Potato	\$25.00
<i>*Minimum charge of \$40.00/application*</i>	

6. You will be contacted by a Department representative to schedule a field inspection after application has been approved.

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Application #: _____
 Certification Fee: \$ _____

Applicant Information

Seed company: _____ Email address: _____
 Applicant name: _____ Office number: _____
 Mailing address: _____ Cell number: _____
 _____ Fax number: _____

Grower Information

Company name: _____ Email address: _____
 Grower contact: _____ Office number: _____
 Mailing address: _____ Cell number: _____
 _____ Fax number: _____

Varietal Information PLEASE INCLUDE HEALTH CERTIFICATE WITH APPLICATION

Variety	Lot #	Acres	Certification #	Origin State	Class

Date(s) Planted: _____ Generation(s) to be produced: _____

Field Location PLEASE INCLUDE MAP(S) WITH APPLICATION

Physical address: _____ **Coordinate information:**
 (if applicable) _____ Latitude: _____
 _____ Longitude: _____

Directions: _____

I agree to abide by all laws and regulations governing the production of certified seed in the State of Nevada and assume responsibility for maintaining the genetic identity and purity at all stages of certification including seeding, harvesting, transporting, processing and labeling. Additional fees for drive time, inspection time, and mileage (standard IRS reimbursement rate) may be incurred.

 Signature

 Date