



Nevada Department of Agriculture
405 S. 21st St.
Sparks, NV 89431

Application for Seed Certification

[Empty rectangular box]

Applicant: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone: \_\_\_\_\_

Grower: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone: \_\_\_\_\_

Crop: \_\_\_\_\_ Variety Name: \_\_\_\_\_
Date Planted: \_\_\_\_\_ Code Name: \_\_\_\_\_
Acres: \_\_\_\_\_ Experimental Name: \_\_\_\_\_
Grower Field Number: \_\_\_\_\_

Class of Seed Planted: \_\_\_\_\_ Class of Seed to be Produced: \_\_\_\_\_
\_\_\_ Breeder \_\_\_ Foundation
\_\_\_ Foundation \_\_\_ Registered
\_\_\_ Registered \_\_\_ Certified

Previous Crop History of Land

Table with 2 columns: Year, Crop Grown. Multiple rows for data entry.

Seed Purchased From: \_\_\_\_\_
Address: \_\_\_\_\_

Amount Purchased: \_\_\_\_\_ Amount Planted: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Certification Number: \_\_\_\_\_ Grown in: \_\_\_\_\_

Location of Field (describe location and include a map to detail the area)

[Three horizontal lines for location description]

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Seed Program
Official Form

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