PO Box 33008
Raleigh, NC 27636-3008
919-515-2851
nccrop.com

MISCANTHUS CERTIFICATION APPLICATION

DATE: _____

GROWER: _____ Certification Number: _____

CONTACT: _____ Telephone: _____

ADDRESS: _____ Email: _____

_____ Fax: _____

CONTRACT GROWER: _____

Applications for certification are due June 15. Please verify your address (if your address has changed). Check your telephone area code and number and **include your fax number and email address** if you have one.

Variety	Farm Name	Field No.	Prev Crop	Source of Seed Planted			To Be Inspected	
				Producer	Class	Amt. Planted	Class	Acres

To complete the application process, sign, date and return this form to our office.

Signature _____ **Date** _____

Thank you,

Rita Helms
Program Assistant