North Carolina Crop Improvement Association
APPLICATION FOR INSPECTION OF SMALL GRAIN

Applicant: _____

Certification #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Contact Person: _____

CONTRACT GROWER

Name _____

Address _____

City, State, Zip : _____

Phone: _____

County: _____

KIND _____ **VARIETY** _____ **BRAND** _____

Field Name	Last Year Crop Kind & Variety	2 Year Ago Crop Kind & Variety	NO TILL Production YES or NO	Producer of the Source of Seed (The Name of the producer on the tag of the Lot(s) Planted)	Generation of Lot Planted	Lot # Planted	Pounds of Seed Planted PER Acre	Generation to be Inspected	Acreage per field

TOTAL ACRES this sheet _____

Signature: _____ Date: _____

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