North Carolina Crop Improvement Association
APPLICATION FOR INSPECTION OF TOBACCO

Applicant: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Contact Person: _____

Crop: **TOBACCO**

Certification Number: _____

County: _____

ONE (1) REGISTERED AND/OR FOUNDATION

TAG AND INVOICE FOR EACH LOT PLANTED

MUST BE SUBMITTED WITH APPLICATION

Variety	Male /Female /Open	Parental Line Name	Previous Crop	Producer Name on Lot Planted	Generation of Lot Planted	Lot # Planted	Amount of Seed Planted	Generation to be Inspected	Acres to Inspected

Signature: _____ **Date:** _____

NC Crop Improvement Association
PO Box 33008, Raleigh, NC 27636-3008

Tel: 919-515-2851
Email: Rita_Helms@ncsu.edu