PO Box 33008
Raleigh, NC 27636-3008
919-515-2851
NC_CIA@ncsu.edu

WARM SEASON TURF APPLICATION

DATE: _____

GROWER: _____ Certification Number: _____

CONTACT: _____ Telephone: _____

ADDRESS: _____ Email: _____

_____ Fax: _____

Applications for certification are due April 1. A $100 late fee will be charged for each application after April 1. 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.
Please verify below the Varieties, Generation, Farm Name, Field Number (if applicable), and Acreage of each Field that you want inspected for this year at your operation. **STRIKE THROUGH AND MAKE ANY CORRECTIONS. USE ADDITIONAL LINES FOR ACREAGE NOT LISTED.**

Variety	Class	Farm Name	Field Number	Acreage
Example: Tifway	***C***	***Allman Place***	***A1***	***15.25***

Signature_____ **Date**_____

GROWER: _____ Certification Number: _____

Newly Added Acreage

If you added new acreage during the past year, and already had a pre-plant inspection done please complete the application below. **You must submit Source of Seed Tags for new varieties**.

VARIETY	Field Name	Field #	Previous Crop	Source of Planting Seed			To Be Inspected	
				Producer	Class	Amt. Planted	Class	Acres

PREPLANT INSPECTION REQUEST

VARIETY	Field Name	Field #	Previous Crop	To Be Inspected	
				Class	Acres

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

Signature _____ **Date** _____