OFFICE USE ONLY Amount Rec'd		APPLICATION FOR CORN INSPECTION IN STATE OF:				APPLICATION #		
Check #								
Date Rec'd					_	1	EASE RETAIN BLUE	
		USE SEPARA	TE APPLIC	ATION FOR EACH I	COPY FOR YOUR FILES			
APPLICANT NAME, ADDRESS & ZIP				GROWER NAME, ADDRESS &			P	
PHONE			1	PHONE				
FIELD			HYBRID/INBRED NAME OR #			TOTAL ACRES		
FERTILE			TO THE OIL #					
PARENTS	PEDIGREE			OT NUMBER	SEED STOCK		SOURCE	ACRES
FEMALE:								
<u> </u>		ERTILE						
PLANTING DATE	STERILE							
MALE OR INBRED INCREASE:								
PLANTING DATE(S)						=		
SEED HARVESTED WILL BE CLASSIFIED AS: CERTIFIED HYBRID		PLANTING RATIO:		:		COLOR OF CORN		
		F M				TYPE OF CORN (Dent, Waxy, Etc.)		
		COUNTY FIELD LOCATION						
		PHYTOSANITARY INSPECTION?				FEMALE MALE		
SERVICE INSPECTION		TO BE COMPLETED FOR IL, IN, KY & NE ONLY ALL OTHERS CONTACT THE APPROPRIATE STATE AGENCY.				FERTILITY RESTORER USED?		
					GENCY	☐ YES ☐ NO		□ №
ATTACH A DETAIL	ED MAP OF					•		
I am herewith making application for inspection and certification of the crop listed above. I agree to abide by the By-Laws, Rules, Standards and Regulations of the Association, and pay all fees and charges assessed by the Association. I agree that my application may be suspended or terminated if I violate any of the provisions of such By-Laws, Rules, Standards and Regulations, or if I engage or persist in practices likely to injure or discredit the Association. I understand it is the applicant's responsibility to so handle certified seed that its varietal identity is preserved through all stages of production, conditioning and shipping. I understand that all information generated by this service will be kept confidential between the Association and me, except as necessary under USDA, OECD and other regulatory agencies' regulations. All liability for inspection shall be limited to the amount of the fees assessed for the inspection. APPLICANT'S SIGNATURE								
· · · FIGURE 3 SIGNATO	116					DATE		