

FIELD INSPECTION REQUEST

Missouri Crop Improvement Association
PHONE (573) 449-0586

3211 Lemone Industrial Blvd
FAX (573) 874-3193

Columbia, MO 65201
E-mail: moseed@aol.com

Columbia, MO 65201
Internet: www.moseed.org

USE SEPARATE FORM FOR EACH PRODUCER

Name _____

Farm/Producer _____

Route or Street _____

Crop _____

City/State/Zip _____

HERBICIDE TRAIT _____
(If Applicable)

Phone _____ Fax _____

E-Mail _____

CHECK BOX IF VARIETY IS HERBICIDE TOLERANT

<u>FIELD NO.</u>	<u>ACREAGE</u>	<u>DATE PLANTED</u>	<u>For The Production of: CLASS & VARIETY</u>	↓	<u>PREVIOUS CROP ON THIS FIELD</u>
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	<input type="checkbox"/>	_____

Circle Class or Classes Planted: Foundation, Registered, Certified, or Parent Stock

ATTACH A TAG, BILL OF SALE, OR OTHER DOCUMENTATION EVIDENCE TO THIS APPLICATION.

ATTACH MAPS SHOWING LOCATION OF FIELDS (PLAT MAPS, ETC.).

Signed _____ Date _____

I declare, in signing the above Field Inspection Request, I have read the Handbook for Certification, and I will abide by the Rules and Regulations. I also state that all equipment involved with planting, harvesting, or other handling, will be adequately cleaned to maintain genetic purity of the seed. The seed that is verified as eligible seed source was planted on the field(s) described above. I will maintain identity of the seed from harvesting until it leaves by possession through the use of bin numbers or letters, lot numbers or some type of identification. I will have a record of the number of bushels or pounds harvested, and such records are available to the certifying agency upon request.

Herbicide Tolerant - I declare that the field(s) applied for inspection was planted from a verified herbicide tolerant seed source, that I have completed all necessary licenses or sub-licenses and that I am duly authorized to produce this seed. I agree to complete this inspection request form and return it to the MCIA office immediately after planting is completed for the listed fields. I am aware of the inspection requirements associated with the production of this seed (both post spray and pre-harvest) and agree to notify the MCIA immediately after any herbicide applications and prior to any harvest activity. I assume full responsibility for any future liabilities in the event that I fail to provide the required information to the MCIA so that they can complete the required inspections in a timely manner.