

SOURCE IDENTIFIED SITE IDENTIFICATION LOG

MISSOURI CROP IMPROVEMENT ASSOCIATION
3211 LEMONE INDUSTRIAL BLVD.
COLUMBIA, MO 65201-7600
(573) 449-0586 FAX: (573) 874-3193

Collector _____ Tel. # _____

Address _____

MCIA No. _____ Assigned by MCIA _____ Field Lot # _____ Mark same # on containers _____

**NOTE: Complete log sheets for each species/site combination and assign separate Field Lot #.
Permission of MCIA Representative required before blending field lots.**

Species _____ Common Name _____

Germplasm ID* _____ Agency Permit/Contract #* _____ Attach copy

Seed Class: Source Identified Selected Tested Variety

State _____ County _____ Zone* _____

Date(s) Collected _____ Bulk Lbs. _____ Elevation _____

Site Size ** _____ Slope _____ Soil Texture _____
Aspect, Degree

Associated Species _____

Other Site or Plant Info. _____

Field Inspected During Collection? Yes No If Yes,

Signature of MCIA, agency, or other authorized representative _____ Date _____

I attest that all of the above information is correct.

Signature of Collector _____ Date _____

I attest that to the best of my knowledge, all the above information is correct.

Signature of Seed Broker/Conditioner _____ Date _____

* If applicable

** i.e., # acres if contiguous, geographic area if non-contiguous.