3709 Hillsborough Street
Raleigh, NC 27607-5464
919-515-2851
fax 919-515-7981
NC_CIA@ncsu.edu

# WARM SEASON TURF APPLICATION

DATE: _____

GROWER: _____ Certification Number: _____

CONTACT: _____ Telephone: _____

ADDRESS: _____ Email: _____

_____ Fax: _____

CONTRACT GROWER: _____

**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 indicate 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. For additional pages copy middle page.

| Variety | Class | Farm Name | Field Number | Acreage |
|---|---|---|---|---|
| ***Example: Tifway*** | ***C*** | ***Allman Place*** | ***A1*** | ***15.25*** |
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| Variety | Class | Farm Name | Field Number | Acreage |
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## Newly Added Acreage for 2009

If you added new acreage during the past year, 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 |
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To complete the application process, sign, date and return this form to our office.

**Signature**_____ **Date**_____

**Continuation page if needed**

| Variety | Class | Farm Name | Field Number | Acreage |
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