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**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*** | ***AA1 A1*** | ***15.25*** |
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To complete the application process, sign, date and return this form to our office.

**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** |
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**PREPLANT INSPECTION REQUEST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **VARIETY** | **Field Name** | **Field #** | **Previous Crop** | **To Be Inspected** | |
| **Class** | **Acres** |
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**Signature Date**