

3709 Hillsborough Street

Raleigh, NC 27607-5464

919-515-2851

fax 919-515-7981

[nccrop.com](mailto:NC_CIA@ncsu.edu)

**MISCANTHUS CERTIFICATION APPLICATION**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

GROWER: Certification Number:

CONTACT: Telephone:

ADDRESS: Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:

CONTRACT GROWER:

**Applications for certification are due June 15.** 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variety | **Farm Name** | **Field No.** | **Prev Crop** | Source of Seed Planted | | | | 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**

Thank you,

Rita Helms

Program Assistant