



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: _____

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 |
|------------------------|----------|---------------------|--------------|--------------|
| <i>Example: Tifway</i> | <i>C</i> | <i>Allman Place</i> | <i>A1</i> | <i>15.25</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

PREPLANT INSPECTION REQUEST

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

To complete the application process, sign, date and return this form to our office.

Signature _____

Date _____