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**WARM SEASON FORAGE GRASS**

**NAME: Certification #:**

**COMPANY:**

**ADDRESS: Email:**

**Telephone: Fax:**

**Applications for certification are due 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, class, farm name, field number, and acreage that you want inspected this year.

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| --- | --- | --- | --- | --- |
| **Variety** | **Class** | **Farm Name** | **Field Number** | **Acreage** |
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If you have are adding new acreage during the past year, please complete the application below.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Variety | **Field No.** | **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**