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 fax 919-515-7981  
[nccrop.com](http://nccrop.com)

## 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.

Variety	Farm Name	Field No.	Prev Crop	Source of Seed Planted			To Be Inspected	
				Producer	Class	Amt. Planted	Class	Acres

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you,  
  
 Rita Helms  
 Program Assistant