

North Carolina Crop Improvement Association

APPLICATION FOR INSPECTION OF TOBACCO

Applicant: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact Person: _____

Crop: TOBACCO
Certification Number: _____
County: _____

ONE (1) REGISTERED AND/OR FOUNDATION
 TAG AND INVOICE FOR EACH LOT PLANTED
 MUST BE SUBMITTED WITH APPLICATION

Contract Grower Name & Address	Contract Grower Phone No.	Variety	Previous Crop	Producer Name on Lot Planted	Generation of Lot Planted	Lot # Planted	Amount Planted	Other Varieties Grown NOT for Inspection	Generation to be Inspected	Acreage

Signature: _____

Date: _____