North Carolina Crop Improvement Association, Inc.

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: _____

CONTRACT GROWER: _____

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 indicate 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. For additional pages copy middle page.

Variety	Class	Farm Name	Field Number	Acreage
Example: Tifway	***C***	***Allman Place***	***A1***	***15.25***

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

Signature_____ **Date**_____

Variety	Class	Farm Name	Field Number	Acreage

Newly Added Acreage

If you added new acreage during the past year, 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

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Signature_____ **Date**_____

Continuation page if needed

Variety	Class	Farm Name	Field Number	Acreage

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Signature_____ **Date**_____