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COOL-SEASON TURFGRASS APPLICATION

Name: _____ Company: _____
 Address: _____
 Telephone: _____ Cell # _____
 Certification #: _____ Email: _____

Please complete and return this application to our office by February 1. In order to verify your source of seed, please include at least **one** tag from each lot planted and an invoice showing the total amount planted.

If you are using a field(s) that is new to NCCIA for cool-season turfgrass production, please include a copy of field maps. Also, if you have not provided maps within the past year to NCCIA, this would be a good time to mail them in so that the correct acreages can be calculated. These maps will also assist the inspectors when they visit your farm.

Variety	Class	Farm Name	Field Number	Acreage
<i>Example: Sodman</i>	C	<i>Allman Place</i>	A1	15.25

Sign, date and return this form to our office.

Signature _____

Date _____

Thank you,

Rita Helms
 Program Assistant