

Use Separate Application for Each Crop  <b>Four Fields Per Application Only!</b>	<b>ILLINOIS CROP IMPROVEMENT ASSOCIATION</b> 3105 RESEARCH ROAD :: CHAMPAIGN, ILLINOIS 61822 :: 217-359-4053  <b>Application for Certification</b> <b>-SOYBEAN - SMALL GRAINS - LEGUME-</b>	IL Crop Field No.
APPLICANT NAME AND ADDRESS (ZIP CODE)		GROWER NAME AND ADDRESS (ZIP CODE)
Phone: _____ County: _____		Phone: _____ County: _____

Information on Fields to be Inspected										
Field #	Phyto*	Herbicide Inspection*	Class to be Harvested	Regulated	Variety	Crop	# of Acres	Previous Crop	Date Planted	County Field Loc.

**\* Marking "X" to Phyto (Phytosanitary) or Herbicide Inspection is an additional inspection service for your field that will incur additional fees.**

Field #	Directions to Above Fields-See Attached Form for Required Maps - <i>Note: Inadequate directions/map may result in additional fees</i>

Field #	Lot #	Source of Seed	Attach Tag for Each Lot & Indicate Where Obtained

I am herewith making application for membership, and for inspection and certification of the crop listed above. If accepted for membership, I agree to abide by the By-Laws and Rules of the Association. I understand and agree that my membership may be suspended or terminated if I violate any of the provisions of such By-Laws and Regulations or if I engage or persist in practices likely to injure or discredit the Association. I understand it is the applicant's responsibility to so handle certified seed so that its varietal identity is preserved through all stages of production, processing and shipping.	
Accurate Map Submitted? (check) _____ Do You Have Proper Isolation for Above Certification? _____	Signature of Applicant _____ Date: _____

DEADLINE DATES	DO NOT WRITE IN THIS SPACE		ATTACH CK TO COVER:	
<b>Winter Grains ..... May 1</b> <b>Spring Grains ..... June 1</b> <b>Broomcorn, Corn &amp; Sorghum... June 1</b> <b>Soybeans (foundation)..... July 1</b> <b>Soybeans ..... August 1</b> <b>All Other Crops ..... May 15</b>	NOTES:	Paid _____ Post _____ Balance Due _____ Refund: Cause _____ Amount _____ Check No. _____	Insp. Fees Membership Penalty <b>Total</b>	 <b>\$300.00</b>   