

OFFICE USE ONLY Amount Rec'd _____ Check # _____ Date Rec'd: _____	ILLINOIS CROP IMPROVEMENT ASSOCIATION Application for Corn or Sunflower Inspection <div style="border: 1px solid black; padding: 5px; text-align: center;"> IN STATE OF: </div>	Application # _____ IS THIS FIELD REGULATED? _____
	USE A SEPARATE APPLICATION FOR EACH FIELD	

APPLICANT NAME AND ADDRESS (ZIP CODE)	GROWER NAME AND ADDRESS (ZIP CODE)
Phone _____	Phone _____

FIELD TO BE INSPECTED		
FIELD NUMBER	HYBRID/INBRED NAME OR NUMBER	TOTAL ACRES
FERTILE: _____		
STERILE: _____		

PARENTS	PEDIGREE	LOT NUMBER	SEED STOCK SOURCE	ACRES
PLANTING DATE: FEMALE	FERTILE			
	STERILE			
PLANTING DATE(S): MALE OR INBRED INCREASE	MALE			

SEED HARVESTED WILL BE CLASIFIED AS	PLANTING RATIO: F M 	COLOR OF CORN:
	COUNTY FIELD LOCATION:	TYPE OF CORN (DENT, WAXY, ETC.)
PHYTOSANITARY INSPECTION? TO BE COMPLETED FOR IL, KY & NE ONLY. ALL OTHERS CONTACT THE APPROPRIATE STATE AGENCY		FEMALE MALE

ATTACH A <u>DETAILED MAP</u> OF FIELD AND/OR GIVE DIRECTIONS TO FIELD

I am herewith making application for inspection and certification of the crop listed above. I agree to abide by the By-Laws, Rules, Standards and Regulations of the Association, and pay all fees and charges assessed by the Association. I agree that my application may be suspended or terminated if I violate any of the provisions of such By-Laws, Rules, Standards 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 that its varietal identity is preserved through all stages of production, conditioning and shipping. I understand that all information generated by this service will be kept confidential between the Association and me, except as necessary under USDA, OECD and other regulatory agencies' regulations. All liability for inspection shall be limited to the amount of the fees assessed for the inspection.

APPLICANT'S SIGNATURE _____	DATE _____
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