



Oregon State University
Seed Certification Service
 Crop Science Building 31
 Corvallis, OR 97331-3003
 Phone: 541-737-4513 Fax: 541-737-2624

Oregon Mint Rootstock Certification
 Greenhouse Propagation
 Inspection Application

Use a separate application for each rootstock lot

County _____ Lot No. _____ Variety _____

Name _____

Address _____

City _____ Zip _____ Telephone No. _____ Fax No. _____

Cellular Phone No. _____ E-mail _____

Location of Greenhouse: _____

Greenhouse management and propagation of Nuclear generation rooted cuttings

Please outline the procedure used to a) prepare the greenhouse; b) produce the Mother Bed plant material; and c) propagate and handle the Nuclear generation rooted stem cuttings. Indicate the use of any fumigants or other sterilization procedures. Use the back of this sheet, or an attached sheet, if necessary.

Pesticide application: Material _____ Rate _____ Date _____

Planting Date:

Date Mother Block(varietal source) rootstock was planted into the Mother Beds (propagation beds): _____

Mother Block Rootstock Source Information:

a) Copies of Mother Block source and certification documentation must accompany this application unless the Mother Block was maintained by the applicant.

Rootstock planted was from: _____
Mother Block Grower's Name Lot No. (if any)

b) If the Mother Block was maintained by the applicant, what was the lot number of the certified Nuclear generation rooted tip cuttings used to plant the Mother Block? Lot No. _____

I hereby voluntarily apply for certification and agree to abide by the regulations governing certification in Oregon. I agree to sell as certified rootstock only that which has met all requirements of the Oregon Certification Program.

Date _____ Applicant' Signature _____

Fees Paid:* \$ _____ UARCO No. _____ Date Applied _____

* (Only one fee for one or multiple lots, provided that the lots are located at one site.)