

Seed Crop Special Circumstances



Oregon Seed Certification Service
Oregon State University
31 Crop Science Building
Corvallis, OR 97331-3003
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County Office

Field not listed on CROP INSPECTION SIGN-UP form		(list payment below)
Variety/Crop	_____	
Grower Name	_____	Phone _____
Field No.	_____	Acres _____
Acres to be Certified	_____	Acres Not Certified This Year _____ Acres Removed Permanently _____
Field Location	_____	

Sign-Up Portion of Field for Seed Stock Production		(list payment below)
Variety/Crop	_____	
Grower Name	_____	Phone _____
Existing Field #	_____	Seed Stock Field # _____
	_____	Seed Stock Acres _____
		Generation to produce _____
Field Location	_____	

Transfer of field ownership		(include crop sign-up above if required)
Current Grower	_____	New Grower _____
<i>(Please provide complete mailing address)</i>		
New Grower	_____	
Current Field No.	_____	New Field No. _____
For inquiries call	_____	at Phone _____

Remove Field(s) from Certification	
Grower	_____
Field Numbers	_____
Grower Signature	_____
Date	_____

I hereby voluntarily apply for certification inspection and agree to abide by all the rules and regulations governing certification in Oregon. If I am taking over production for another grower, I have received appropriate approvals from contractors and growers for this transfer.

Grower's Signature _____ Date _____

For Office Use	Fee Paid \$ _____	Check No. _____	Date Paid _____
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