

Early Sampling Tag Request Form

Use of this form is restricted to participants of the Early Sampling Program.

After your “Early Sample” has been cleaned and tested, you may use the following form to register your Lot Number to prepare for tagging. Please be sure to fill in all the information completely and accurately as your request cannot be processed otherwise.

Date _____

Requesting Contractor _____ Contact Person _____

Phone No. (_____) _____ Fax No. (_____) _____

Email (if applicable) _____

Early Sample – Germ / Fluorescence Test Number _____

Field Number(s) _____

Variety & Crop _____

Grower _____ Warehouse _____

Final Sample – Purity / Viability Test Number: _____

Lot Number _____ Warehouse _____

County _____

Do you plan to use this lot in a Certified Mixture or Blend? _____

Do you plan to order tags or print tags at your facility? _____

For OSCS Use Only	
Date Reviewed	
Approval Date	Denial Date
Date Process Completed	