APPLICATION FOR FIELD INSPECTION OF SEED FOR EXPORT

Please complete all required information on both sides of the application. All blocks under required information must be completed. Incomplete applications will be returned. Please submit the original and one copy for each field to the Department as soon as possible. Bean seed field applications must be received no later than July 1 (OAR 603-52-38). Do not send payment with this form.

REQUIRED INFORMATION

company name

address

city state zip

( )
telephone

( )
fax

contact person

( )
telephone

grower name

address

city state zip

( )
telephone

crop variety

lot number (optional, one per application) acres

county planting date

approx. harvest date

for beans only: approx. windrow date irrig. method

applicant signature date

Form 4005 6/02

OPTIONAL INFORMATION

additional diseases for inspection

previous crop

specific importing country

FOR OFFICIAL USE ONLY

INSPECTIONS 1 2 3 4 5 DATE

vegetative _____

bolt _____

flowering _____

seed set _____

senescent _____

windrow _____

other _____

DIAGNOSTICS

vis/micro	bioassay
media	serol.

official use

CC

ID

let

quar

tags

mi

pd

fc

i1

i2

i3

send to: **OREGON DEPT. OF AGRICULTURE**
PLANT DIVISION
635 CAPITOL STREET NE
SALEM, OR 97301-2532

(over)

REQUIRED INFORMATION

In the space below, please make a simple line drawing of the field, including landmarks such as buildings, field roads, pumps, ditches, etc. If the field is not on a main road, please indicate the distance in tenths of miles from such a road, building etc. Aerial photographs will not be accepted in replacement of a line drawing.

N

Please write a short explanation of the map.

Please attach certified seed tag here, if applicable.

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