

Seed Certification



YIELD DECLARATION/SAMPLE SUBMISSION FORM

Applicant Registered area no.

Grower Cultivar:

Hectares Species:

INSTRUCTIONS FOR COMPLETION OF THIS FORM ON REVERSE SIDE.

1. TO BE COMPLETED BY THE GROWER

I hereby declare that Weighingkg
(Number of bags or bulk)
 and branded contain only the produce of this registered area
(Registered Area)
 which was inspected by an Inspector, and harvested on
(Month and Year)
 Signature of Grower Date/...../.....

2. TO BE COMPLETED BY SEED CLEANER

Name

Insert details relating to each lot of cleaned seed from this registered area -

Lot No. / Grade kg					
Wt. per Packages/Bags	kg	kg	kg	kg	kg
No. of Packages/Bags					
Total Wt.	kg	kg	kg	kg	kg
Label Serial Numbers - to to to to to

Seed Analyses Required *(P), (G), (TZ), (M), (W)

Sample No. (Office use)

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Signature of Cleaner Date of Cleaning/...../.....

* Seed certification requires Purity (P) and Germination (G) analyses. If other analyses, such as Tetrazolium (TZ), Moisture (M) or Weed Seed Count (W), are required, please indicate with appropriate abbreviation

Enquiries to: Mr Graham Barralet, Ph 07 3720 1517. Mob: 0408 459 349

Our Ref: (SC8)

APPLICATION FOR SEED TESTING

3. TO BE COMPLETED BY ACCREDITED SAMPLING OFFICER

Form to accompany seed lot to the accredited seed laboratory.

Type of certificate required: Please tick	Blue International Certificate	<input type="checkbox"/>
Sample Officially Drawn	Orange International Certificate	<input type="checkbox"/>
Seed Treated	For Domestic Certification	<input type="checkbox"/>

Kind of Seed & Cultivar: (As per reverse)
.....

Tests Required
(Certification requires a purity & germination) PG, TZ, M, W

Number of seed lots submitted for testing:

Total Weight: No Containers: No Containers Sampled:

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Total Weight: No Containers: No Containers Sampled:

Total Weight: No Containers: No Containers Sampled:

Official Reference: Merchant/Cleaners Reference:

Sender/premises where seed sampled:

Certificate & Charges to: Seed Laboratory to send copy of this form and certificate to:

Seed Certification,
27 Goolman St, Chapel Hill. QLD 4069

Certificate No: Comments on Sample/s:

Date of sampling:

(Signature of sampler)

SEND SAMPLE & COMPLETED FORM TO:

Queensland Seed Technology Laboratory
University of Queensland, Gatton Campus
Gatton. Queensland 4345

LABORATORY USE ONLY
Date Received:
Laboratory Test No: (Please insert on reverse side)
Original Test No: