

# Turf Certification



## APPLICATION FOR REGISTRATION OF A VEGETATIVE TURF GRASS

- CULTIVAR:.....SPECIES.....
- CATEGORY:                      FOUNDATION / REGISTERED/ CERTIFIED  
(Circle category applicable)
- APPLICANT .....
- Postal address.....
- Phone no .....Fax no ..... Email .....
- GROWER.....Phone no .....
- PERSON RESPONSIBLE FOR: (Insert company if applicable)
  - Planting .....Phone No.....
  - Field Supervision ..... Phone No.....
  - Harvesting Sod .....Phone No .....
- AREA OF CROP.....(ha)    Date turf was/will be planted :...../...../.....
- The area has / will be fumigated with .....for the control of other grass species. This fumigation was /will be carried out on ...../...../.....
- SOURCE OF PLANTING MATERIAL.....Supplied By:.....
- LAND ELIGIBILITY (To be completed by grower or from information supplied by the grower)

The information relating to the plants grown on the area in the preceding two seasons is required to eliminate the possibility of turf contamination with material of similar species.

Year	Plants Grown
.....	.....
.....	.....

<b>Office use only</b>	
REGISTERED AREA NO: .....	DATE AREA REGISTERED: ...../...../.....
For inspection work to be carried out contact: .....	Ph: .....



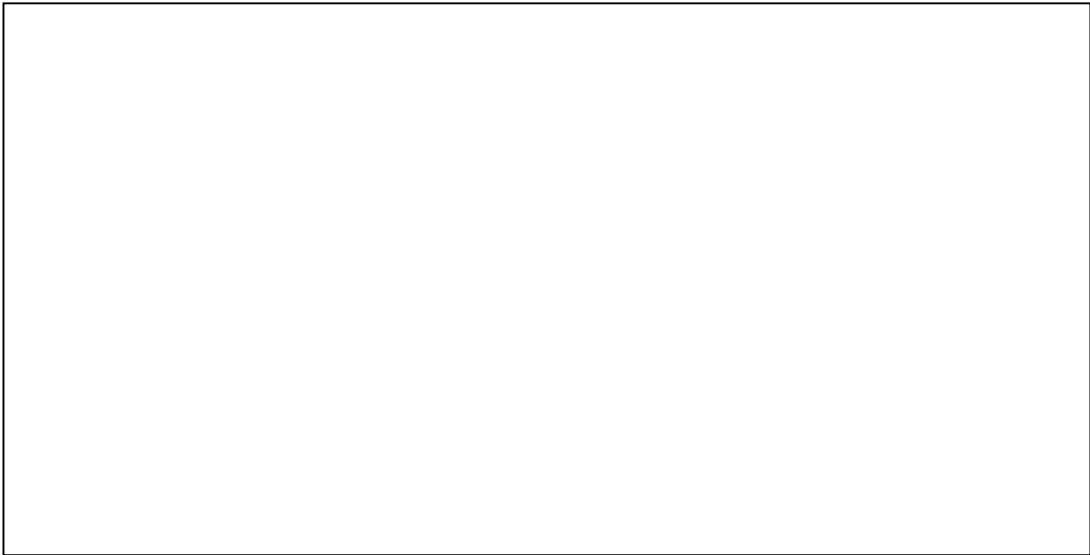
**ISOLATION**

A plan of the area must be included in the rectangle below. Check the individual crop rules for details.

- Any plants/crops which could contaminate the turf crop growing on this registered area either physically or through cross pollination are .....meters away. (Quote actual distance.)
- Planting date of adjoining crop (if any)...../...../.....
- Farm plan to be marked with the access roads and isolation distances to potential contaminants are to be shown.
- The area to be registered for certification to be marked with the letter **A** and shaded black.
- Buffer areas to be marked with the letter **B**
- Any possible sources of contamination to be marked with the letter **C**.

FARM PLAN (attach additional information if necessary)

Indicate north by an arrow pointing in that direction



**APPLICANT DECLARATION**

I will ensure that the turf is produced in accordance with the relevant Turf Certification Rules and accept that if I fail to maintain the area, registration of the area could be withdrawn.

I acknowledge that under the rules it is necessary to carryout at least two inspections per year purposes.

I also agree to pay the relevant fees where applicable.

**Signature of Applicant**.....**Date**...../...../.....

This application must be forwarded to QSEED no later than two weeks prior to the necessary first inspection as specified in the relevant rules. Registration of this area and subsequent certification of any turf produced is subject to compliance with the rules.

Forward application to:- QSEED Pty Ltd  
27 GOOLMAN ST,  
CHAPEL HILL QLD 4069

SC-1 Turf/Application

Enquiries to: Graham Barralet, Ph/Fax 07 3270 1517. Mob: 0408 459 349.  
QSEED Pty Ltd, Seed & Turf Certification. www.qseedinfo.com

