



New Mexico State University Seed Certification

College of Agricultural Consumer and Environmental
 Sciences
 Agricultural Experiment Station
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College of ACES

Seed Certification Inspection Request Form

Contracting Agency:		Grower:	
Billing Address:		Physical Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Contact:		County:	

Crop	Field ID	Variety	Acres	Previous Crop in Field	Source of Planting Seed	Class Planted	Class Produced	Acreage Fee	Total Fee

Total Inspection Fee _____ **+ \$50.00 Grower Fee = Total Due** _____

I agree to be responsible for maintaining the genetic purity and identify through all stages of production including seeding, harvesting, processing, and labeling according to the seed certification standards and procedures of New Mexico State University Seed Certification.

Applicant Signature: _____ **Date:** _____

