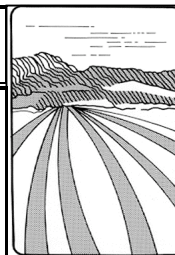


**OREGON DEPARTMENT OF AGRICULTURE
APPLICATION FOR FIELD INSPECTION OF SEED FOR EXPORT**



Complete all the fields in the client section of the application with the best possible information. **Please submit a separate application for each lot number to be inspected, plus a second copy of each application.** Multiple field areas on the same application will be processed as a single field with a single lot number. **Incomplete applications will be returned and subject to delay before being processed for inspection.** Applications for Fall-planted crops must be received by April 1. Bean field applications for Malheur County must be received by the ODA no later than July 1 (OAR 603-52-0385). All other applications must be received by May 1, or within two weeks of planting, whichever is later. This inspection program does not imply or express warranty or freedom of disease or quality of stock.

CLIENT INFORMATION		
SEED COMPANY NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
FAX		
SEED COMPANY FIELD CONTACT PERSON		
TELEPHONE		
EMAIL		
GROWER BUSINESS NAME / CONTACT NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE		
CROP	ACRES	
VARIETY		
LOT NUMBER (ONE PER APPLICATION)		
DATE PLANTED (MM-DD-YYYY)	COUNTY (OREGON)	
APPROXIMATE HARVEST DATE (MM-DD-YYYY)		
* MALHEUR BEAN CROP ADDITIONAL INFORMATION		
APPROXIMATE WINDROW DATE (MM-DD-YYYY)		
IRRIGATION METHOD		
PREVIOUS CROP		

Requests for diseases not normally covered by the standard ODA field inspection were pre-approved by ODA plant pathology staff on _____ (date), by _____ (staff). (Contact 503-986-4658 for information) (Attach list to application)

THIS SECTION FOR ODA USE ONLY

ODA FIELD ID

INSPECTION 1	DATE	
INSPECTOR		
Vegetative	Bolt	Flowering
Seed Set	Senescent	Not Planted
Windrowed	Harvested	Failed Crop
"Other"	Excessive Weeds	Withdrawn

INSPECTION 2	DATE	
INSPECTOR		
Vegetative	Bolt	Flowering
Seed Set	Senescent	Not Planted
Windrowed	Harvested	Failed Crop
"Other"	Excessive Weeds	Withdrawn

DIAGNOSTICS	
vis / micro	bioassay
media	serol

Conditions upon Signature: By requesting this inspection, I agree to notify the grower that ODA has been granted permission to enter the field for inspection, notify ODA if canceling this inspection, and to pay the inspection fees.	ODA Date Stamp
SIGNATURE OF APPLICANT	DATE
OREGON DEPARTMENT OF AGRICULTURE COMMODITY INSPECTION DIVISION SEED FIELD INSPECTION CERTIFICATION 635 CAPITOL ST NE SALEM OR 97301-2532	

PLEASE SEE THE OTHER SIDE OF THIS FORM TO COMPLETE YOUR APPLICATION

REQUIRED INFORMATION

Make a simple line drawing of the field location, including geological reference (i.e., North), landmarks such as buildings, field roads, pumps, county lines. If the field is not on a main road, please indicate the distance in tenths of miles from the road or a landmark. Aerial photographs will be accepted if access routes and roads are labeled.

Please provide a short narrative explaining directions for the location shown on the map.

Please include GPS reference if known: _____
Field location description:

Attach certified **bean tags** here for plantings in **Malheur County** per OAR 603-052-0385.
“True to Variety” certification is an OSU program, not a function of the ODA program.

This information is available in alternative formats upon request. The Oregon Department of Agriculture is an Equal Opportunity Employer, providing services to the public without regard to race, color, national origin, sex, age, or disability.