

BPI-NSQCS Revised Form No. 1. Application for Seed Certification



Republic of the Philippines
Department of Agriculture
BUREAU OF PLANT INDUSTRY
National Seed Quality Control Services

Crop Year:
Cropping Season:
Application No.:

APPLICATION FOR SEED CERTIFICATION

Date:

Applicant's Name:
Name of Institution/Organization/Cooperative (If Applicable):
Home Address:
Crop:
Variety:
Area Planted (ha): _____
Identity of Seed Planted: _____ (Seed Class) _____ (Seed Lot No.)
(Lab No.)

Previous Crop and Variety Planted:
FIELD LOCATIONS:

Sitio:
Barangay:
Municipality/City:
Province:

I understand that:

- 1. All tags used must be attached to the application form for submission to the National Seed Quality Control Services.
- 2. My field will not be accepted for seed certification if it does not meet the standard for field certification.
- 3. It is my responsibility to notify the concerned Deputized/Designated Seed Inspector for the conduct of at least two (2) field inspections.
- 4. I will follow the recommended potharvest practices for the production of certified seeds.
- 5. I will allow the Deputized/Designated Seed Inspector to draw sufficient seed samples from the dry and clean seeds in prescribed weight and packaging material representing my seed lot intended for Laboratory Analysis.
- 6. I must not move or transfer my seed lot sampled before tagging or without notifying my Seed Inspector.
- 7. The government will be given priority to buy my seeds as the need for registered/certified seeds for planting purposes may so arise.
- 8. The government is not obliged to purchase my certified seeds.

I hereby declare that the information above are true and correct to the best of my knowledge and belief. In case wherein the above information are found to be false or untrue or misleading or misrepresenting will be grounds for the denial of my application for seed certification.

Applicant's

(Signature Over Printed Name)

Recommended by:

(Signature Over Printed Name of Seed Inspector)

Action Taken:
 Approved
 Disapproved
Remarks:

Chief, NSQCS

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- Cc:
- 1st Copy - Central Office, NSQCS
 - 2nd Copy - Regional Seed Coordinator
 - 3rd Copy - Seed Inspector
 - 4th Copy - Seed Grower