



BUREAU OF PLANT INDUSTRY
National Seed Quality Control Services

CERTIFICATION OF PARENT/MOTHER TREES FOR FRUIT AND PLANTATION CROPS
APPLICATION FORM

☐ Private Individual ☐ Private Group ☐ Government Institution
(Cooperative, Association, Corporation)

Date of Application : _____

Name of Applicant/Representative: _____

Address of Applicant : _____

Contact No./E-mail : _____

Nursery Name: _____

Nursery Address: _____

Location of Parent/Mother Trees: _____

Parent/ Mother Trees Applied for Certification:

Crop	Registered Variety Name	Number of Trees	Age of the Trees	Source of Planting Materials

*Kindly use additional sheet if necessary

TERMS AND CONDITIONS

1. Upon submission of my application, I shall extend my full cooperation with the NSQCS and the Plant Material Inspector (PMI) for the requirements of certifying mother trees, during the conduct of inspection and tagging of mother trees and monitoring thereafter.
2. My application for the certification of mother trees will not be accepted if not all requirements are met based on the evaluation of the NSQCS and PMI.
3. I will assist the NSQCS and PMI during the tagging of the candidate mother trees
4. I will not remove or transfer the attached tags from the certified tree to other mother trees regardless of the circumstances.
5. Upon certification of my mother trees, I shall inform and coordinate with the NSQCS or PMI when collecting propagative materials such as seeds for sexually propagated seedlings or scions for asexually propagated seedlings from the certified trees.
6. Once certified, I shall keep and maintain the trees to be healthy and free from pests and systemic diseases.
7. I shall notify and inform the NSQCS or PMI if any of my certified mother trees is not suitable to become source of scion.
8. Upon evaluation that my documents are complete and acceptable, I shall pay equivalent to 50% of the total cost of the tagging materials that will be used.
9. I will abide by all the requirements stipulated in Department Circular No. 2, Series 2020.

Name & Signature of Applicant

Received by:

Chief, NSQCS Region ____/Satellite ____

Date: _____

Note: Copies of the filled out application form will go to the following:

- NSQCS Central Office
- Originating NSQCS Regional/Satellite Office
- Plant Material Inspector (PMI)
- Plant Nursery Operator (PNO)

Attachments:

- Four (4) copies of the filled-out application Form
- Accurate location map of candidate trees
- Verifiable proof of authenticity of the varietal identity