

REQUEST FOR TAGS

Ohio Seed Improvement Association, 11491 Foundation Road, Box 3, Croton, OH 43013

VARIETY _____

LOT ID# _____

CROP _____

PLANNED DATE OF PROCESSING _____
Month Week

IF BULK TRANSFER, FROM WHOM:

IN SIGNING THIS REQUEST I AGREE TO ABIDE
BY ALL THE TERMS SET FORTH ON THE REVERSE SIDE
OF THIS FORM.

MEMBER/APPLICANT _____

DATE _____ SIGNED _____

Form 8-09 5,000

TAGGING INFORMATION

POUNDS TO
GO IN BAG _____

TAGS NEEDED

FOUNDATION _____

REGISTERED _____

CERTIFIED _____

QUALITY ASSURANCE _____

OECD BASIC _____

OECD CERTIFIED _____

OTHER _____

FIELD INFORMATION

LIST FIELD
APPLICATION NUMBERS
INCLUDED

Email to: groll@ohseed.org