

New York Seed Improvement Project

SEED PRODUCER/PROCESSOR APPLICATION

Please complete the attached page and return to: New York Seed Improvement Project, 103C Leland Lab, Ithaca, NY 14853

1. Name: _____

2. Farm/Business Name: _____

3. Mailing Address: _____

4. Telephone/Fax/Email _____

5. Type of Operation: Producer Processor Producer/Processor

6. Location of farm/business: _____

7. Years of experience in seed production and/or processing _____

8. List the kinds of seed to be produced and/or processed _____

9. Which classes of certified seed do you intend to produce and/or process?

Foundation Registered Certified

10. Names and addresses (with zip codes) of THREE REFERENCES who are familiar with your farm or seed firm and business operations:

I hereby make application to produce and/or process certified seed in New York. It is understood that my membership is subject to approval by Certification Agency. I also understand that an inspection of your facilities may be required as part of this application. If accepted as a Certified Seed Producer and/or Processor, I agree to abide by the Federal and State Seed Laws and Certification procedures established by the New York College of Agriculture and Life Sciences at Cornell University.

SIGNATURE & DATE _____