



# Application for Crop Inspection and Membership in the Canadian Seed Growers' Association



<b>Name(s) of APPLICANT(S)</b> (Surname or Partnership Name followed by given names)					<b>Farm or Company Name:</b>			<b>Telephone No.</b>		
<b>Mailing Address</b>		Box #, RR#, Street			Town/City			Province	Postal Code	<b>Fax No.</b>
<b>Farm Home Location</b>		Lot # or Quarter	Concession or Section	Township or County	Range	E/W of Meridian	<b>Preferred Communication</b>	Mail: <input type="checkbox"/>	Fax: <input type="checkbox"/>	E-mail: <input type="checkbox"/>
										<b>Cell No.</b>
										<b>E-mail address</b>

PLEASE PRINT AND PRESS HARD TO MAKE 3 LEGIBLE COPIES  
 PLEASE DRAW ACCURATE MAPS ON THE ENCLOSED FORM AND ATTACH TO THIS APPLICATION FOR CROP INSPECTION  
 FOR SELECT/PROBATION PLOTS PLEASE INDICATE THE NAME OF THE PERSON RESPONSIBLE FOR THE PLOT IN THE FIELD IDENTIFICATION.

If seed planted is of foreign or Breeder origin, attach a seed tag to this Application form.

**Previous Crop Information:** What was grown on each field for each of the two years prior to seeding each field? For canola/rapeseed/mustard provide 3 years previous land use for Certified crops and 5 years previous land use for Foundation plots and perennial forages.

PLEASE ENTER ALL DETAILS ACCURATELY					ALL PEDIGREE NUMBERS OF SEED PLANTED FROM SEED TAGS OR CROP CERTIFICATES		CSGA Office Use	SEEDING DATE			Previous Crop Information			
Field Id.	Variety	Kind	Acres	Crop Certificate No.	Lot No.	Day		Month	Year	Year	Variety	Kind	Crop Certificate # Issued	
												Previous Year		
												2nd Previous year		
Qtr/Lot	Section/Conc.	Township	Range/County	Meridian	I assign the Crop Certificate for this above field to (print name and address of company):							3rd/4th & 5th year previous		
												Previous Year		
												2nd Previous year		
Qtr/Lot	Section/Conc.	Township	Range/County	Meridian	I assign the Crop Certificate for this above field to (print name and address of company):							3rd/4th & 5th year previous		
												Previous Year		
												2nd Previous year		
Qtr/Lot	Section/Conc.	Township	Range/County	Meridian	I assign the Crop Certificate for this above field to (print name and address of company):							3rd/4th & 5th year previous		
												Previous Year		
												2nd Previous year		
Qtr/Lot	Section/Conc.	Township	Range/County	Meridian	I assign the Crop Certificate for this above field to (print name and address of company):							3rd/4th & 5th year previous		
												Previous Year		
												2nd Previous year		
Qtr/Lot	Section/Conc.	Township	Range/County	Meridian	I assign the Crop Certificate for this above field to (print name and address of company):							3rd/4th & 5th year previous		

<b>MAIL TWO (2) COPIES TO CSGA, BOX 8455, OTTAWA, ONTARIO, K1G 3T1</b>	<b>TOTAL ACRES</b>	<b>FEES: All fees must accompany this application. Cheques must be made payable to the CSGA.</b>	Notify the CFIA Office serving your area, prior to crop inspection, if any field is to be cancelled from this application.
--	--------------------	--	--

<p>I hereby apply for crop inspection and membership in the Canadian Seed Growers' Association and declare all information to be true. It is understood that the inspection of these crops will depend on the Canadian Food Inspection Agency (CFIA) being able to perform the inspection of these uncut crops at the appropriate stage of maturity to determine varietal purity. I agree to pay all applicable fees levied for the services of the CFIA and the CSGA and abide by the regulations of Circular 6 and the decisions of the CSGA with respect to crops and membership. It is acknowledged that the CSGA will have access to personal information required to complete crop inspection and certification and will handle this information in compliance with its privacy statement, which is available for review at <a href="http://www.seedgrowers.ca">www.seedgrowers.ca</a> or by contacting the CSGA office. Assignment of Crop Certificate section above <b>must</b> be completed for the Crop Certificate to be mailed directly to the named person or company. Crop inspection reports may be copied for the assignee.</p>	Signature(s) of ALL Applicant(s)	Date	Enclosed payment of \$
---	----------------------------------	------	------------------------

**MAIL TWO (2) COPIES TO CSGA, BOX 8455, OTTAWA, ONTARIO, K1G 3T1**  
**Telephone #: 613-236-0497**  
**Fax #: 613-563-7855**  
**E-MAIL: seeds@seedgrowers.ca**  
**WEB Page: www.seedgrowers.ca**

Please indicate if you use the same field identification every year:

YES  NO

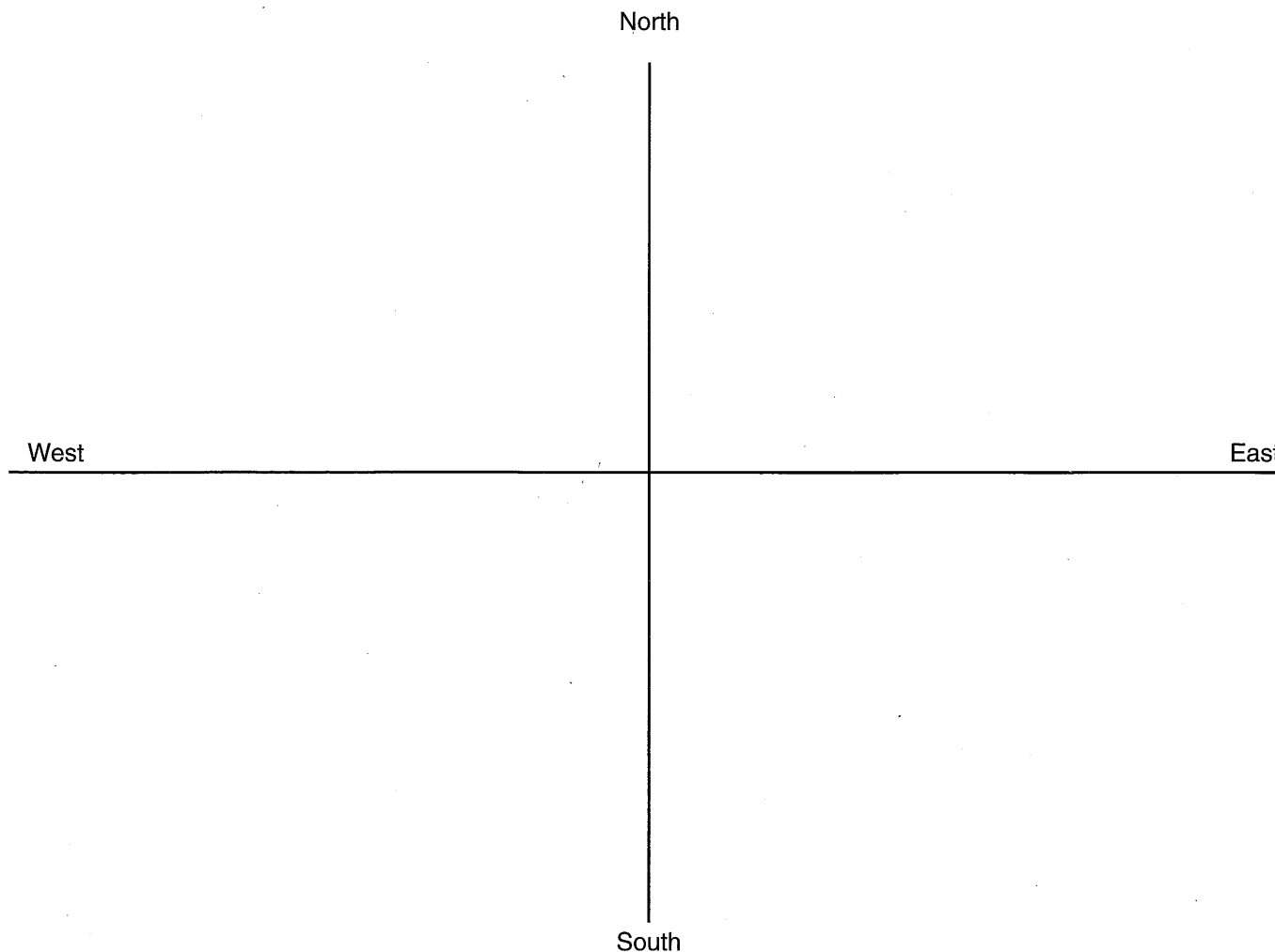
**PROVIDE ACCURATE DIRECTIONS FOR LOCATING FIELDS FOR INSPECTION**  
Give road directions from the nearest town to your fields for inspection so that the crops may be easily located. It is the responsibility of the Applicant(s) to accurately identify the fields for inspection.

Field Id.	Directions (include GPS coordinates or emergency numbering system if available)
Field Id.	Directions (include GPS coordinates or emergency numbering system if available)
Field Id.	Directions (include GPS coordinates or emergency numbering system if available)
Field Id.	Directions (include GPS coordinates or emergency numbering system if available)
Field Id.	Directions (include GPS coordinates or emergency numbering system if available)

If address is not correct, please make corrections below.

Neatly and accurately draw a diagram of your farm(s) and fields to show the location of crops, adjacent fields, nearby buildings, roads, fences, creeks, landmarks, bush, etc.

**Attach county maps if available**



Print Name(s) of Applicant(s) to identify this map form with the application