



**Texas Department of Agriculture**  
*Request for Seed Testing*

**RST-1112**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b><sup>1</sup> REQUESTOR INFORMATION</b>			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. First Name		M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Business Name (if applicable)		Primary Phone	
			( ) - Ext.	
	Secondary Phone (optional)		Fax (optional)	
	( ) - Ext.		( ) - Ext.	
E-mail Address				
<p>***Important Note*** I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.</p>				
<b><sup>2</sup> MAILING ADDRESS</b>				
Address				
City		State	Zip	County

<b>SECTION B</b>	<b><sup>1</sup> SAMPLE INFORMATION</b>		
	Kind: (if mixture, list all kinds to be tested)	Variety: (if known)	Lot Number or Other Stock Identification:
Is seed treated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe treatment:			
Additional Information:			

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

<b>SECTION C</b>	<b><sup>1</sup> TEST INFORMATION</b>			
	Type of Test(s)	Number Components*	Fee Per Component	Fee
	<input type="checkbox"/> Standard Germination Test		\$60.00	
	<input type="checkbox"/> Standard Germination Test - Grass		\$90.00	
	<input type="checkbox"/> Vigor Test		\$45.00	
	<input type="checkbox"/> Red Rice – 10 lbs.		\$45.00	
	<input type="checkbox"/> Red Rice – 50 lbs.		\$85.00	
	* Component refers to each kind of seed listed in Section B to be tested.			Total Fee this sample (a)
	<b><sup>2</sup> ADDITIONAL SAMPLES</b>			Total Fees additional Samples (b)
	Do you have additional samples to be tested? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how many? _____				
<ul style="list-style-type: none"> <li>• Complete an RST-1112A Request for Seed Testing form for <b>EACH</b> additional sample to be tested.</li> <li>• List total fees due for additional samples to be tested in (b) of this Section</li> </ul>				
<b><sup>3</sup>TOTAL FEES DUE (a) + (b)</b>				

<b>SECTION D</b>	<b><sup>1</sup> PAYMENT</b>		
	<b>TEST WILL NOT BE PERFORMED ON SAMPLE UNTIL FULL PAYMENT IS RECEIVED BY TDA.</b>		
	Method of Payment (payable to Texas Department of Agriculture)		
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____		
	Amount remitted \$	Mail to: Texas Department of Agriculture P.O. Box 629, Giddings, TX 78942  Ship to: Texas Department of Agriculture 1010 CR 226, Giddings, TX 78942	
<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued	

<b>SECTION E</b>	<b><sup>1</sup> REQUESTOR SIGNATURE</b>	
	Name (print)	
Signature	Date     /     / month day year	

**ATTACH TO SAMPLE TO BE TESTED**

**Any questions concerning this request should be directed to Texas Department of Agriculture, State Seed Laboratory, [SeedQuality@TexasAgriculture.gov](mailto:SeedQuality@TexasAgriculture.gov) or (979) 542-3691**