



Texas Department of Agriculture
Request for Seed Testing

RST-1112

COMMISSIONER SID MILLER

SECTION A	¹ REQUESTOR INFORMATION			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. First Name		M. I.	Last Name
	<input type="checkbox"/> Ms. <input type="checkbox"/> ____			
	Business Name <i>(if applicable)</i>		Primary Phone () - Ext.	
	Secondary Phone (optional) () - Ext.		Fax (optional) () - 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>			
² MAILING ADDRESS				
Address				
City		State	Zip	County

SECTION B	¹ SAMPLE INFORMATION		
	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.)

SECTION C	¹ TEST INFORMATION			
	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 – 75 lbs.		\$85.00	
	* Component refers to each kind of seed listed in Section B to be tested.			Total Fee this sample (a)
	² ADDITIONAL SAMPLES			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"> • Complete an RST-1112A Request for Seed Testing form for EACH additional sample to be tested. • List total fees due for additional samples to be tested in (b) of this Section 				
³TOTAL FEES DUE (a) + (b)				

SECTION D	¹ PAYMENT		
	TEST WILL NOT BE PERFORMED ON SAMPLE UNTIL FULL PAYMENT IS RECEIVED BY TDA.		
	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	
TDA USE ONLY	Receipt No.	Date Receipt Issued	

SECTION E	¹ REQUESTOR SIGNATURE	
	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, P.O. Box 629, Giddings, Texas 78942 or (979) 542-3691