

1/1/16

TDA S307 Part 1 of 3

Taxpayer/Outlet # \_\_\_\_\_  
(If none, Social Security No.)

Crop(s) \_\_\_\_\_

**TEXAS DEPARTMENT OF AGRICULTURE**

P.O. Box 629 • Giddings, Texas 78942 • (979) 542-3691  
Hearing impaired: (800) 735-2988 voice or (800) 735-2989 (TTY)  
Internet Address: www.TexasAgriculture.gov



COMMISSIONER SID MILLER

**APPLICATION FOR FIELD INSPECTION**

NAME OF APPLICANT \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

Please Note

1. Applicant must include with the application one Foundation or Registered label, one analysis label for each lot of seed purchased and a copy of the stock purchase invoice from the seller showing the kind and variety, certification class, quantity and date of transaction for each lot of seed to be increased.
2. Multiple fields must not be grouped together into one acreage. A detailed map showing the exact location of the field must accompany the application form. Please state the 911 address closest to the field to be inspected, if available.
3. Only one "APPLICATION FOR FIELD INSPECTION" form, (TDA S307 Part 1), is required for each group of supplement sheets and field maps submitted.

Fees: For fee schedule, refer to the Texas Seed Certification Standards.

Acreage inspection fee	\$ _____	Reinspection fee	\$ _____	_____ field(s) late fee @ \$100 ea.	\$ _____
_____ field(s) @ \$100 ea.	\$ _____	Interagency fee	\$ _____	<b>TOTAL AMOUNT ENCLOSED</b>	\$ _____

I am familiar with the rules and regulations of the Texas Seed and Plant Certification Act and Standards. This application is for the \_\_\_\_\_ season, and all statements contained within are true and correct to the best of my knowledge and belief.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*\*\*\*\*LIST FIELDS ON SUPPLEMENT SHEET\*\*\*\*\*

This application and any questions concerning the application or field inspections should be directed to the Texas Department of Agriculture, Seed Quality Office, P. O. Box 629, Giddings, Texas 78942 (979) 542-3691. **Distribution: Original and one copy to Giddings Office**



# FIELD MAP

Applicant name and address \_\_\_\_\_

**\*\*IMPORTANT\*\***

Give directions to farm. Sketch field location in square provided below--indicate acreage and lot number. State direction and distance from house and other landmarks by which an inspector may locate such fields in your absence.

Example: John Doe Farm - Go 5 ½ miles SE from Poth on Hwy. 181. Turn left on Farm Rd. 88. Go 1 ½ miles to 2<sup>nd</sup> house on left.

Name of contract grower \_\_\_\_\_

Location of farm \_\_\_\_\_

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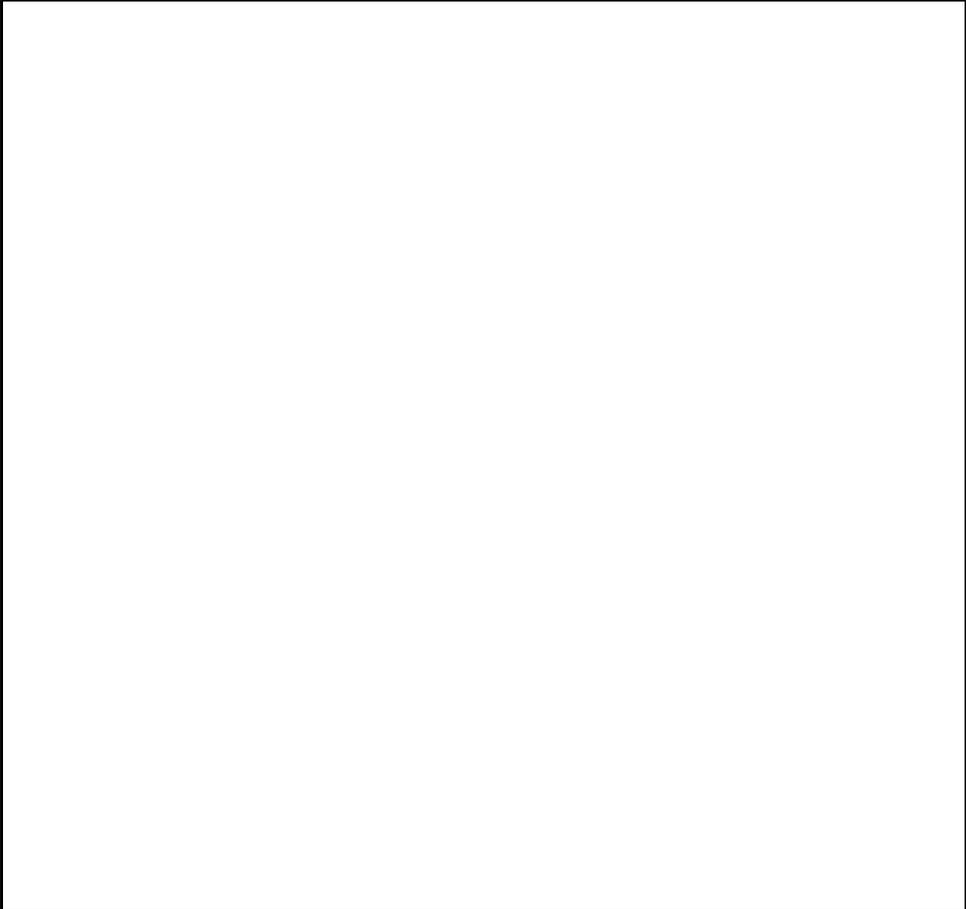
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