

TANZANIA OFFICIAL SEED CERTIFICATION INSTITUTE



THE SEED ACT, 2003
(No. 18 of 2003)

S/N.....

Form SR IIIA

APPLICATION FOR DUS TEST

*[Made under Regulation 7(1)]
(To be filled in Triplicate)*

To: Director General/Chief Seed Certification Officer,
Tanzania Official Seed Certification Institute,
P.O. Box 1056,
Morogoro.

1. Full name of the Applicant/Pre- basic:.....
 2. Postal Address3.Tel. No.
 4. Email. Fax No.....
 5. Name of the crop
 - 6.Botanical Name:.....
 7. Family Name:.....
 8. Chromosome Number.....
 9. Mode of Pollination:.....
 10. Other basic information:.....
 11. Name under which it is tested:.....
 12. Proposed elevation:.....
 13. Major distinguishing merits from other released varieties:.....
 14. Variety descriptor attached/Not attached (*cross where necessary*)
 15. Test fee paid by.....P.O. Box.....
- Dated:.....Signed:.....

FOR OFFICIAL USE ONLY:

Application No:Date Received:

Fees Receipt No:

Amount of sample received for DUS test : first season:.....second season.....

Date Approved/Rejected:

If rejection, reasons for rejection.

Dated:.....Signature of the responsible officer.....