TANZANIA OFFICIAL SEED CERTIFICATION INSITITUTE

S/N……

APPLICATION FOR SEED SAMPLING AND TESTING

Name and address of the applicant		
Tel. No:	Fax No:	E-mail:
Contact person:		
Tele. No:	Fax No:	Email:
Date of application	Area of sampling:	
Proposed date of sampling:	Kind of marking/ labeling:	
Species:	Variety:	Chemical (if applied):
Lot size:	No. of containers:	Type of containers:
Size of containers:	Seed lot / field No:	
Seed lot category: □ New □ Carry over		
Type of certificates: □ Orange □ Blue □ National		
Tests required: □ Germination □ Purity □ Other seeds □ Weight of 1000 seeds □ Seed Health □ Other tests (specify):		
Applicant signature:	**Date:**	

FOR OFFICIAL USE ONLY

Name of sampler assigned:	**Sampler ID:**	**Signature:**

Accepted----------

If rejected/ Reasons----------

Any remarks----------