

TANZANIA OFFICIAL SEED CERTIFICATION INSTITUTE



THE SEED ACT, 2003

FORM SR XVI

(No. 18 of 2003)

S/N.....

**APPLICATION FOR SEED
SAMPLING AND TESTING**

*[Made under Regulation 38(2)]
(To be filled in Triplicate)*

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 area of sampling:	Kind of marking/ labeling:	
Species:	Variety:	Chemical (if applied):
Lot size:	No. of containers:	Type o containers:
Size of containers:	Seed lot/field no:	
Seed lot category: <input type="checkbox"/> New <input type="checkbox"/> Carry over		
Type of certificates: <input type="checkbox"/> Orange <input type="checkbox"/> Blue <input type="checkbox"/> National		
Tests required: <input type="checkbox"/> Germination <input type="checkbox"/> Purity <input type="checkbox"/> Other seeds <input type="checkbox"/> Weight of 1000 seeds <input type="checkbox"/> Seed Health <input type="checkbox"/> Other tests (specify):		
Applicant signature:		
FOR OFFICIAL USE ONLY		
Received by:	Date:	Signature:

Accepted-----

If rejected/ Reasons-----

Any remarks-----

