

Sample Submission Form

The following information must be submitted with all samples

Company Name: _____

Customer Name: _____

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____

**New Mexico Department of Agriculture
State Seed Laboratory**



New Mexico State University

P.O. Box 30005; MSC 3190

Las Cruces, NM 88003-8005

Phone: (575) 646-3407

Telephone #: _____

Kind of Seed: _____

Variety Claimed: _____

Lot Number: _____ **Year Grown:** _____

Test Requested:

- Standard (purity and germination)
- Germination Only
- Purity

- Weed Seed Exam
- Seed Identification Only
- Other - Specify

Certification Information: (For Certification in New Mexico only)

- Foundation Class
- Registered Class
- Certified Class
- Non-Certified

Treatment Information: (List all products used and for each include the following)

	Product Name	EPA Registration Number	Treatment Rate
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>

For Internal Use Only:	Received By:	Date Received:
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