

Time:

Kilometres:

Postal Address: GPO Box 1671, Adelaide SA 5001

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E-mail: <a href="mailto:seeds@ruralsolutions.sa.gov.au">seeds@ruralsolutions.sa.gov.au</a>
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LFM028 Version 9, 23/09/14

## REQUEST TO ISSUE AN ORANGE OR BLUE INTERNATIONAL CERTIFICATE

Please show	the name and a	address exac	ctly as it i	s to appear o	n the Cer	tificate		
NAME:								
ADDRESS:								
INVOICE TO: (If different from the above)					SEND CERTIFICATE(S) TO: (if different from above)			
NAME:					NAME:			
					ADDRESS:			
ADDRESS:  DETAILS OF THE SEED LOT(S) (to be completed by applicant)					ADDRESS.			
DETAILS OF	THE SEED LOT	「(S) (to be con	npleted by	applicant)				
BLUE IN	E INTERN TERNATI te issued f	ONAL C	ERTIF	FICATE				
SPECIES	CULTIVAR	LOT NUMBER	NUMBER OF BAGS	TOTAL WEIGHT OF LOT	SEAL USED	STICKERS REQUIRED Yes / No	ORIGINAL LABORATORY NUMBER (If applicable)	OFFICE USE ONLY
Please use th	is space to detai	l any ADDITI	ONAL INF	FORMATION o	r DECLAI	RATION to a	ppear on the cer	tificate:
SAMPLING IN	FORMATION (to	o be complete	ed by an A	Accredited See	d Sample	r):		
Metal seals attack	hed to uncertified se	ed bags: Yes / N g equipment us	o ed and equ	ipment ID numbe	r (OIC sam	ples only):	Date of Dispatch:	
Nobbe Trier: Seed sample(s) s	Sleeve ampled, divided and		ntally:	Partitione	ed Sleeve Ti	rier:	Other (describe)	I
1 ( )	' '	•	ATURE:_		A	CCREDITAT	TON NUMBER:	
Office use only	(Government Samp	lers)	7		ase enclose this form in any one of the sample bags detailed ve, making sure that all samples described above are dispatched			

together.