



AGREEMENT—APPROVED BULK HANDLER

June 1, 2019 through May 31, 2020

1900 Hendon Ave, Saint Paul MN 55108 • tel 612-625-7766 • fax 612-625-3748 • mncia@mncia.org • www.mncia.org

Facility: _____ Client No: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Manager: _____

DESIGNATED PERSONNEL (The following personnel have been authorized to perform seed certification functions)

Seed Sampling: _____

Issue Bulk Seed Sale Certificates: _____

APPROVED TO HANDLE BULK CERTIFIED SEED FOR THE FOLLOWING:

Crops: Small Grains Soybeans Other _____

MCIA will grant approval on an annual basis. MCIA reserves the right to revoke approval and associated privileges for failure to adhere to requirements.

MANAGEMENT DECLARATION:

We, the management of the above-mentioned bulk handling facility, agree to the following as requirements for approval as a MCIA Approved Bulk Handler. We shall:

1. Adhere to MCIA requirements and procedures for seed certification and/or QA.
2. Comply with the Federal Seed Act and Minnesota State Seed Law.
3. Respect intellectual property rights and adhere to license, patent, and PVP requirements.
4. Operate facility in a manner that preserves the quality of certified seed.
5. Make facility and records available for inspection upon request by MCIA.
6. Permit MCIA personnel to draw samples from certified and/or QA seed lots.
7. Maintain complete, accurate, and current records that account for all incoming seed and the final disposition of seed.
8. Properly use bulk seed sale certificates to identify only qualified seed lots.
9. Perform required corrective actions as directed by MCIA through inspection reports.
10. Notify MCIA of changes in plant management, designated personnel, and additional crop(s) to be processed prior to personnel performing seed certification functions.
11. Be a member in good standing of the Minnesota Crop Improvement Association including timely payment of required fees.

I have read and agree to abide by the MCIA Approved Bulk Handler Requirements in the operation of this facility.

Manager

Date

FOR OFFICE USE ONLY: Certificate sent _____ Field Supervisor: _____