Client No.       County       Field Number

Name       Field Location

Address       County

                   Township

 City State Zip

 Section

 Acres

The field indicated above has been approved for sod production. Use this form to report seeding information for this field.

Attach an analysis tag, gold tag and a copy of the seed purchase invoice for lot(s) planted in this field.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SOD TYPE** | **SEED LOT(S) PLANTED** | **DATE OF PLANTER CLEAN-OUT** | **SEEDING DATE(S)** | **SEEDING RATE (lb/acre)** | **AREA SEEDED** | **ESTIMATED HARVEST DATE** |
|  |  |  |  |  |  |  |

I affirm that the information declared above is accurate and that Sod Quality Assurance standards and procedures published by the Minnesota Crop Improvement Association will be followed in producing and handling sod from this field.

Further, I agree to permit access to Minnesota Crop Improvement Association for performing required inspections and examining required records.

 Signature of Applicant Date

Sign and submit the original to MCIA within two weeks after seeding.