MICHIGAN CROP IMPROVEMENT ASSOCIATION

P.O. Box 21008 - Lansing, MI 48909 - Phone 517/332-3546 - FAX 517/332-9301

APPLICATION FOR FIELD INSPECTION

(use separate application for each crop)

Applicant	Contract Grower
Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
County _____	County _____

Variety and Crop	Class	Field #	Acres	Previous Crop History	Planting Date	Foundation Lot #				

IN RETURNING THIS APPLICATION I AGREE TO THE TERMS OF THE VISUAL INSPECTION AGREEMENT ON THE REVERSE SIDE OF THIS APPLICATION

_____ _____
Signature Date

PLEASE SEND THE FOLLOWING TO MCIA:

1. This application for field inspection
2. A tag from each lot planted
3. A map of the field
4. Payment

_____ _____ _____
Total Acres Rate Inspection Fee

(please round acres to nearest acre)

_____ _____
LATE FEES TOTAL ENCLOSED

_____ _____
Date Received Check #

FS 002