



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:

- This application for field inspection
- A tag from each lot planted
- A map of the field
- Payment

Total Acres Rate Inspection Fee
 (please round acres to nearest acre)

LATE FEES TOTAL ENCLOSED

Date Received Check #

FS 002