



Maryland Department of Agriculture
Office of Plant Industries and Pest Management
Turf and Seed Division

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SEED TESTING SERVICES REQUEST

(FOR OFFICE USE ONLY)

SAMPLE #:

Date Received:

***A Completed W-9 Must Be Accompanied with this Form**

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____

FID/Social Security No: (Only Last Four Digits Needed For Existing Customers): _____

CROP: _____ VARIETY: _____

LOT#: _____

LIST COMPONENTS OF MIXTURES UNDER "REMARKS" BELOW:

IF SAMPLE IS TREATED, THE NAME OF TREATMENT MUST BE STATED BELOW:

TEST REQUESTED: (CHECK THOSE DESIRED)

☐ Purity and Noxious Examination

☐ Germination Test

☐ Seed Count (only available with a purity and noxious exam)

☐ Round-Up Tolerance Test

REMARKS: _____

The Maryland Seed Law requires that all seed offered for sale be properly labeled. This requires a complete test (purity, noxious and germination).