Company Name: ________________________________

Name: _______________________________________

Address: ______________________________________

Telephone/FAX: ________________________________

Make Checks Payable to: NYS Department of Agriculture & Markets (We are unable to accept credit cards at this time)

Email: __________________________ Email my results: Yes No

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<thead>
<tr>
<th>Kind</th>
<th>Lot #</th>
<th>Treatment(s)* (if organic or untreated write “none”)</th>
<th>Certified?</th>
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*Treatment identification is required. Samples with unidentified treatment will be returned to the sender if the treatment is not identified within 14 days of receipt.

**Services Requested:** Please check test requests.

Purity ☐ Germination ☐

Noxious weed exam (circle states that apply) Other tests:

NY is the default:

NY ☐ All States ☐ Lower 48 ☐ cold test ☐ seed count

AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ moisture ☐ Tetrazolium (TZ) test

DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ seed identification ☐ accelerated aging

IA ☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA

MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV

NH ☐ NJ ☐ NM ☐ NC ☐ ND ☐ OH ☐ OK

OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX

UT ☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY

Additional Tests: