



CUSTOMER REQUEST FORM GGAS HI-TECH LABS						
					Request#	
Applicant Information						
Name of Applicant:						
Address of Applicant:						
Seed Lot Details						
Species (Botanical Name):						
Cultivar:						
Category:						
Seal of Lot / Authority:						
Lot Number:						
Seed Treatment (if any):						
Type of Container:						
Number of Containers:						
Size / Weight of Each Container:						
Total Lot Size / Weight:						
Sample Weight (for BIC):						
Select test from dropdown list (click on NR)		NR	NR	NR	NR	TZ
Another test/s, please specify:						
Purpose:						
Additional Information						
Declaration		<p>I hereby confirm that the information provided on this form is accurate and represents the declared lot correctly. I will provide full cooperation to the sampling team during the sampling process and will document observations and remarks in the feedback form.</p>				
Applicant Signature:						
Date:						