



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

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(FOR OFFICE USE ONLY)

SAMPLE #:

Date Received:

SEED TESTING SERVICES REQUEST

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, 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).