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LFM028 Version 11, 13/10/22

## REQUEST TO ISSUE AN ORANGE OR BLUE INTERNATIONAL CERTIFICATE

Please show	the name and a	address exac	tly as it i	s to appear	on the Cer	tificate			
NAME:									
ADDRESS:									
INVOICE TO: (If different from the above)					SEND CERTIFICATE(S) TO: (if different from above)				
NAME:					NAME:				
ADDRESS:					ADDRESS:				
	THE SEED LOT			applicant)					
BLUE IN	E INTERN TERNATI e issued f	ONAL C	ERTIF	ICATE		□ □ YES / NO			
SPECIES	CULTIVAR	LOT NUMBER	NUMBER OF BAGS	TOTAL WEIGHT	SEAL USED	STICKERS REQUIRED Yes / No	ORIGINAL LABORATORY NUMBER (If applicable)	OFFICE USE ONLY	
							(п аррпсаые)		
Please use thi	s space to detai	l any ADDITI	ONAL INF	FORMATION	or DECLA	RATION to a	ppear on the cei	rtificate:	
Sampling in	FORMATION (to	be complete	ed by an A	Accredited Se	ed Sample	r):			
					Date Sampled:Date of Dispatch:				
	ned to uncertified se pelow OIC Samplin	Ü		ipment ID num	ber (OIC sam	iples only):			
							Other (describe	):	
Sampled by:									
							N NUMBER:		
<u>Divided</u> and <u>s</u>	sealed by (if differer	it to sampler). <b>If</b>	whole comp	posite sample s	submitted ple	ease indicate th	is below:		
NAME: SIGNATURE:					ACCREDITATION NUMBER:				
Please enclose this form in any one of the sample bags detailed above, making sure that all samples described above are dispatched together.					Office use only (Government Samplers)  Time: Kilometres:				
								Page 1 of 1	