USDA, Agricultural Marketing Service Science and Technology Program Plant Variety Protection Office

10301 Baltimore Avenue Room 401, NAL Building Beltsville, Maryland, USA 20705

Burden and Nondiscrimination Statements

(301) 504-5518

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Privacy Act Advisory Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on the Credit Card Payment Form (ST 471). Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the authority for the collection of this information is 15 U.S.C. § 1113 or 35 U.S.C. § 41 and 37 CFR 1.16-1.28, 1.492, or 2.6-2.7; (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the PVPO to charge the appropriate fee amount to the appropriate credit card account. If you do not furnish the requested information, the PVPO may not be able to charge the fee to the credit card or the credit card institution may refuse to accept the charge, either of which will result in the fee being treated as not having been paid.

Instructions for completing the Credit Card Payment Request Form

- PVPO does not accept debit cards or check cards that require use of a personal identification number as a method of payment.
- Enter all credit card information including the payment amount to be charged to your credit card and remember to sign the form. The Plant Variety Protection Office (PVPO) cannot process credit card payments without an authorized signature.
- Please list each service separately. Payment must be received in the PVP Office prior to performance of the service. Send your request directly to a secure fax line at 301-504-5796 or call the office at 301-504-5518. Ask to speak to the collections representative. You have the option to phone, fax, or mail your CREDIT CARD information (Visa, Master Card, Discover, and American Express).
- For copies, please list the number of pages and whether each page is to be authenticated. **You can get the page count per certificate from http://www.ars-grin.gov/cgi-bin/npgs/html/pvplist.pl.
- In order to process a credit card transaction we require that you provide us with the 3-digit code found on the back of the card. For security reasons, please include this information by either calling the office at 301-504-5518 or by sending it via email to PVPOmail@usda.gov.
- For a full explanation of fees, see the Regulations and Rules of Practice under the Plant Variety Protection Act, especially Section 97.175.

Fee Schedule - The listed fees are from the fee schedule in effect on October 17, 2005.

Service	Cost	Unit		
Filing appeal to the Secretary	\$4,942.00	Per application/certificate		
Filing a protest to the Commissioner	\$4,118.00	Per application/certificate		
New application filing plus examination fees	\$4,382.00	Per application		
Certificate issuance fees	\$768.00	Per application		
Submission of new data after recommendation to issue	\$432.00	Per application		
but before issuance				
Revival of abandoned application	\$518.00	Per application		
Correcting or re-issuance of a certificate	\$518.00	Per certificate		
Additional fee for reconsideration	\$518.00	Per application		
Granting of extension	\$89.00	Per application/certificate		
Recordation fee	\$41.00	Per application/certificate		
Copies of color photographs	\$41.00	Per application/certificate		
Late fee	\$41.00	Per application/certificate		
Seed replenishment fee	\$38.00	Per application/certificate		
Copies	\$1.80	Per page of material		
Additional fee for authentication of copies	\$1.80	Per page of material		
Field inspection or other services requiring travel	Actual costs			
Other services, including training classes	\$107.00	Per hour, and per examiner		

Plant Variety Protection Office

Request for Services

USDA, AMS, S&T NAL Building, Room 401 10301 Baltimore Blvd. Beltsville, MD 20705 Phone 301-504-5518 Fax 301-504-5796

Phone 301-504-5518 Fax 301-504-5796 E-mail: PVPOmail@usda.gov

DATE:(Month/	Day/Year (ie. (03/15/2005))							
CREDIT CARD INFORMATION (BY PHONE, FAX OR PAPER MAIL): REQUESTED ON BEHALF OF: (SKIP IF SAME AS CARDHOLDER)									
Cardholder's Name: (Please Type or Print Name as it appears on the Card)		Name _	Name						
Card type: Expiration Date:		Compar	Company Name						
Account Number: 3-digit code			Street A	Street Address					
Billing Address			City, Sta	City, State, Zip Code					
Address Line 2			Country	Country					
City, State, Zip Code _			Phone						
County			Fax	Fax					
Phone			E-Mail _						
Fax									
E-Mail									
Cardholder's Signature:									
Service Requested	PV Number	Crop Kind/Species	Variety Name/Designa	/ariety Name/Designation (# **See G		Unit Price	TOTAL		
For Plant Variety P	rotection Offic	e Use Only:				TOTAL	\$		
Date Paid: Agency Tracking ID: Amount Paid: PVP Personnel: Confirmation No:									