

**NATIONAL CENTER FOR GENETIC RESOURCES PRESERVATION DEPOSIT FORM
FOR PLANT VARIETY PROTECTION VOUCHER SAMPLE**

Domestic Samples: For each seed / tissue culture voucher sample, PVP Office has completed Blocks 1 and 2 of this form. Provide information from Blocks 3 and 4, and submit an electronic copy and hard copy to:

ATTN: PVP Coordinator
USDA-ARS, National Center for Genetic Resources Preservation
1111 South Mason Street
Fort Collins, CO 80521-4500
Telephone: 970-495-3200
Email: Judy.Grotenhuis@ars.usda.gov

Block 1

PVP NUMBER: _____

COMMON NAME: _____

SCIENTIFIC NAME: _____

CULTIVAR(*) _____

*<> Put brackets around the cultivar name to denote a temporary designation

Block 2

APPLICANT (organization, contact person's name, address, email and telephone):

Owner (ST-470, Block 1): _____

Contact Person's Name: _____

Address : _____

Phone : _____ Fax: _____ Email: _____

Block 3

SUPPLIER of seed or vegetatively propagated material, if different from Applicant (include organization, contact person's name, address, email, fax, and telephone):

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Block 4

Genetically Engineered Organism? _____ YES NO (Optional)

Patented Material _____ YES _____ NO

Block 5. For Internal Government use only:

PI No. _____ NSSL Serial No. _____

PVP Examiner _____ Davis _____

SEED SAMPLE DEPOSIT:

% Viable: _____

Date Tested: _____

Seed No. in Storage: _____

Date Received: _____

TISSUE CULTURE DEPOSIT:

No. of Live Plants Received: _____

Date Received: _____

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