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USDA, Agricultural Marketing Service
Science and Technology Programs
PLANT VARIETY PROTECTION OFFICE

10301 Baltimore Avenue, Room 401 NAL Building
Beltsville, Maryland, USA 20705
Office: (301) 504-5518 Fax: (301) 504-5291
General E-mail: PVPOmail@usda.gov

RECORDATION FORM

To the Commissioner of Plant Variety Protection: Please record the attached original documents or copy thereof.

1. Current Owner(s) of Record

Name _____

Address _____

_____

_____

Phone _____ FAX _____

E-mail _____

2. Type of Recordation (check all that apply)

____ Assignment
____ Security Interest, License, Grant, Conveyance
____ Merger
____ Change of Name of Owner(s)
____ Revocation of Assignment, Security Interest, License, Grant, or Conveyance
____ Change of Address of Owner(s)
____ Change of Representative (and address)
____ Change of Address of Representative
____ Change of Variety Name (Denomination)
____ Election of "Certified Seed Only" Option
____ Other (specify) _____

Date Change went into Effect _____

3. New Owner(s)

Name _____

Address _____

_____

_____

Phone _____ FAX _____

E-mail _____

4. New Representative

Name _____

Address _____

_____

_____

Phone _____ FAX _____

E-mail _____

7. List PVP Number(s), Crop Kind(s), Variety Name(s). Attach list if more space is needed.
[Please note that listed applications and certificates must be active. Recordations cannot be performed on inactive cases.]

8. Total number of applications/certificates involved: _____ **Total Fee (97.175) .....$_____**

Fees must be paid in U.S. funds. Make checks payable to "Treasurer of the United States." Contact the PVP office for credit card payments.

9. Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

_____ _____-
_____ _____

Name of Person Signing Signature Date