

**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: 970-492-7500
Email: PVPCoordinator@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

DOES THE VARIETY CONTAIN ANY BIOTECHNOLOGY EVENTS? _____YES _____NO

A biotechnology event is defined as a single insertion of a nucleic acid construct into a specific site in a plant's chromosome; that is regulated under the U.S. Coordinated Framework for the Regulation of Biotechnology.

Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0055. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- 2) fax: (202) 690-7442; or
- 3) email: program.intake@usda.gov.

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