



COSAVE

11. Annex: Records

July 2023

Table of Contents

11. Annex: Records

11.1 PPCF Enrollment and Registration Forms

Annex I. Application for voluntary adhesion to the PPCF.

Annex II. Registration of production sites and/or production plots. Annex III. Sketch of the location of the Production Site.

Annex IV. Sketch of distribution of plots and production sites. Annex V.

Coordinates of the GPS points of the plot vertices. Annex VI. Harvest Report.

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REQUEST FOR VOLUNTARY MEMBERSHIP

REGIONAL PILOT PLAN FOR PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE EXPERIMENTATION UNDER A SYSTEMS APPROACH

REGISTRATION NO.

IDENTIFICATION NO.

Country of destination:

Reserved NPPO

Place and Date:

SEED COMPANY

Owner or Company Name:

Company ID N°

Phone: E-mail:

Legal Address: Identity of

Place of Production:

Production Site Location:.....Province/Region.....:

Total area [Has] Experimental purpose corn area [Has].....

PROFESSIONAL RESPONSIBLE

First and Last Name:.....

Profession:.....Professional Registration Number (if applicable)

..... Address: Tel:

Cell Phone: E-mail:

Enrollment in the Pilot Plan for Phytosanitary Certification is requested for the corn production sites/plots (experimental purpose) whose details are attached in ANNEX II.

SEED COMPANY
(REPRESENTATIVE)

PROFESSIONAL RESPONSIBLE

NPPO

(AUTHORIZED PERSON)*
(AUTHORIZED PERSON)*
(AUTHORIZED PERSON)*
(AUTHORIZED PERSON)*
(AUTHORIZED PERSON)

Signature
Name

Firma
Nombre

Signature
Name

*The exporting NPPO may opt for other internal validation mechanisms.

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REGISTRATION OF PRODUCTION SITES AND/OR PRODUCTION PARCELS

REGIONAL PILOT PLAN FOR PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE
EXPERIMENTATION UNDER A SYSTEMS APPROACH

Production Site Identification.....

Season:

Company name seed company:

Production site identification - SDP	Parcel Identification (if applicable)	Variety/Line	Country of origin of seed	Surface area	Date sowing	Density of sowing	Estimat ed Prod.	Date Estimated Crop	Crop of

*The units of measurement will be indicated by each NPPO.

Name of
Representative Seed
Company

Signa
ture

Responsible Professional Name

Signature

Name of authorized person
NPPO

Stamp and
Signature

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Production Site Location Sketch

REGIONAL PILOT PLAN FOR PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE EXPERIMENTATION UNDER A SYSTEMS APPROACH

Identification of the Production Site: :

Total area*:... ..

Distance to nearest NPPO office*:

* The units of measurement will be established by the exporting NPPO.

Name and Signature of Responsible Professional

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Sketch of the distribution of plots and production sites to scale (georeferenced)

REGIONAL PILOT PLAN FOR THE PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE EXPERIMENTATION UNDER A SYSTEMS APPROACH

Identification of the Production Site :

Total area*:

Distance to nearest NPPO office*:

* The units of measurement will be established by the Exporting NPPO.

Name and Signature of Responsible Professional

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Coordinates of the GPS points of the parcels' vertices

REGIONAL PILOT PLAN FOR THE PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE EXPERIMENTATION UNDER A SYSTEMS APPROACH

Identification of the Production Site

Production Location Coordinates:

Total area*:..... Distance to nearest NPPO office*:.....

Indicate the georeferencing system used:.....

Production Site Identification	Plot (in case of corresponding)	Point	Latitude	Length

*The units of measurement will be established by the Exporting NPPO.

Name and Signature of Responsible Professional

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HARVEST REPORT

REGIONAL PILOT PLAN FOR PHYTOSANITARY CERTIFICATION OF *Zea mays* SEED FOR INTENDED USE PROPAGATION AND PURPOSE
EXPERIMENTATION UNDER A SYSTEMS APPROACH

Production Site Identification.....

Season:

Company name of seed company:

Harvest start date:

Harvest Completion Date:

Site identification production - SDP	Parcel Identification (if applicable)	Variety/Line	Surface	Date of seeding	Density of seeding	Prod. Estimate	Qty. Harvested*	Id. of material	Place of storage

TOTAL * TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL	* TOTAL
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*The units of measurement will be indicated by each NPPO.

Responsible Professional Name	Signature
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Name of Person Responsible for the Stamp	ONPFF Signature and
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