

ARKANSAS STATE PLANT BOARD

GIN INSPECTION FORM

Date: _____ Time: _____

Gin: _____

City: _____ State: _____

Variety: _____

Class: _____

Grower: _____

Estimated Gin Run (No. of bales) _____

Previous Variety: _____

Comments: _____

I certify that Arkansas State Plant Board Seed Certification gin clean-out procedures were followed:

Seed Company Field Production Inspector

ASPB Inspector (if present)

Send Original to: ASPB Seed Division, PO Box 1069, Little Rock, AR 72203
Send a copy to Seed Company
Keep a copy on file at gin