



ARKANSAS DEPARTMENT OF AGRICULTURE
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

Inspector (if present)

Send Original to: Arkansas Dept of Agriculture, 1 Natural Resources Dr., Little Rock, AR 72205
Send a copy to Seed Company
Keep a copy on file at gin