



Colorado Seed Growers Association (CSGA)
Application for Hemp Variety Certification Eligibility
Application fee is \$500 per Variety

Applicant Contact Information:

Applicant _____

Address _____

City _____ State _____ Country _____ Postal Code _____

Office Telephone _____ Fax _____ Cell number _____

Email Address _____

Crop:

Common Name for Crop Kind or Species: _____

Scientific Name for Crop Kind or Species: _____

Sub-Kind (eg. hybrid, inbred, forage type): _____

Experimental Designation(s): _____

Proposed Variety Name: _____

Hybrids, provide all pedigree information: _____

Derivation of Inbred / parent lines: _____

Type of Application:

Was this variety previously certified by another official certifying agency? _____

If it was previously certified, please attach proof of certification from that agency.

Has this variety been marketed in another country if any? _____

Has this variety been marketed in another country by another name: _____

- If this variety has been marketed in another country under a different name please provide written authorization with this application from the variety owner authorizing your use of the proposed name in this application.
- If the applicant is not the owner, please provide adequate documentation and signatures with this application that authorize seed multiplication and marketing of seed of this specific variety in Colorado.

Origin and Breeding:

Name of Breeding Institution _____ Breeder _____

Address _____

Office Telephone _____ Fax _____ Cell number _____

Email address _____

Provide information to fully explain the genetic back-ground of this variety:

What breeding techniques were used in developing this variety?

In what generation was the selection made? _____

In what generation was the breeder seed first bulked? _____

How many lines were bulked to form this variety? _____

Seed Stock Maintenance:

Classes for Seed Certification Foundation _____ Registered _____ Certified _____

Breeder Seed Maintainer Name _____ Contact _____

Address _____

Telephone _____ Fax _____ Email _____

- If the seed stock maintainer is not the owner of the variety, a letter of authorization for maintenance from the owner will be required to be included with this application.

Additional Comments:

Variety Description:

Experimental Designation _____ Variety Name _____

Crop Kind (species) _____

Breeder (name) _____

Address _____

Applicant (name) _____

Address _____

Seed Distributor (name) _____

Address _____

Taxonomic Classification: _____

THC content: _____

Sexual Type: dioecious _____ monoecious _____ hybrid _____

Flowering Type: male _____ female _____ male & female _____

Time of Flowering: _____ number of days after planting

Disparity of Female Flowering to Male Flowering: _____ number of days

Plant Height (including inflorescence): short _____ medium _____ tall _____

Height range _____ cm to _____ cm

Plant Branching: few _____ medium _____ numerous _____

In the middle third of the plant:

Stem Internode Length: short _____ medium _____ long _____

Stem color: yellow _____ green _____ grey _____ red _____

Leaf Color: yellow _____ green _____ grey _____

Leaf Intensity: weak _____ medium _____ strong _____

Leaf Size: small _____ medium _____ large _____

Inter-Sex Combination within the Female Plant Population (Sengbusch Scale):

The Sengbusch Classification system defines five degrees of monoecious forms: Type 1, 80-90% male flowers; Type 2, 60-70% male flowers; Type 3, 40-50% male flowers; Type 4, 10-30% male flowers; Type 5 less than 10% male flowers. The second and third types are considered "ideal" for monoecious cultivation. The too male (1st degree) and predominantly female (4th and 5th degree) types are removed before flowering.

	% Female Flowers	10 to 20	30 to 40	40 to 50	70 to 90	mainly
% Male Flowers	80 to 90	type 1= %				
	60 to 70		type 2= %			
	40 to 50			type 3= %		
	10 to 30				type 4= %	
	less than 10 %					type 5= %

Stem Grooves: _____

Leaf Anthocyanin Coloration: absent_____ weak_____ medium_____ strong_____

Male Flower Anthocyanin Coloration: absent_____ weak_____ medium_____ strong_____

Hairs on Calyx: _____

Seed Size and Shape: _____

Variants and Acceptable levels: _____

Description of off-types: _____

I, the applicant do affirm the information provided in this industrial hemp cultivar application for entry into the Colorado Seed Growers Association Seed Certification Program to the best of my knowledge is complete and accurate. I affirm that the reference seed sample submitted along with the application represents the cultivar described in this application. I accept full responsibility for any statements or claims made in this application.

Applicants Name Printed

Date

Applicants' Signature

CSGA Board of Directors approved the establishment of an Industrial Hemp Approval Committee to approve varieties that are requested to be entered into Seed Certification. This Committee will be comprised of;

Non-voting----- Chairman, CSU Director of Seed Programs

Two members ---- CSGA Board of Directors appointed by The CSGA President

One member----- CDA representative appointed by the CDA officials

Two members-----Industrial Hemp Growers representing the Industry

One member-----Representing the CSU Department of Bioagricultural Sciences and Pest Management

One member-----Representing the CSU Department of Soil and Crop Sciences