

## **ORGANIC SEED SEARCH and/or PURCHASE RECORD**

## Name of Operator and Operation:

Seed Needed (species and	Amount Needed (weight or volume)	Area to be Seeded (unit of	Distributor Contacted	Date of Contact	Contact Method (phone, letter, fax,	Response/Name/Variety Purchased*	Amount Purchased (weight or volume)	Date of Purchase	Proof Not Treated or Treated with Approved	Proof Non- GE*** (Yes or No)
variety)		measure, acre, etc.)			etc.)				Material** (Yes or No)	
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No
									☐ Yes ☐ No	☐ Yes ☐ No

Please attach seed labels and any relevant information.

Attach verification.

Attach Non-GE Seed Affidavit.

Use of this form is optional. Another form accomplishing the same purpose may be used if appropriate to your operation.