

# WISCONSIN SEED POTATO CERTIFICATION PROGRAM

807 Fifth Avenue, P.O. Box 328  
Antigo, Wisconsin 54409-0328  
Phone: 715-623-4039

Established 1913



## Seed Lot Variance Replant Request

**FARM NAME:** \_\_\_\_\_

Variety: \_\_\_\_\_ Amount (cwt): \_\_\_\_\_ Field Year: \_\_\_\_\_ Certification #: \_\_\_\_\_

PVY Virus % of Lot: \_\_\_\_\_ Total Virus %: \_\_\_\_\_ Check if Does Not Contain BRR

**Please specify the special condition(s) that prompted you to request this variance.** Include details on the lack of availability of foundation level seed in the current year.

Field name where will the lot be planted: \_\_\_\_\_

How many acres will be planted: \_\_\_\_\_

**Please describe the field where this seed lot will be planted along with specific pest/disease management plans.** Include details on field isolation, roguing, aphid control, vine kill estimates, etc.

If this variance request is granted, the seed lot will need to be vine-killed early and planted away from other seed grower fields.

**Do you anticipate that you will be able to obtain certified seed of this variety in the following season?**

☐ Yes ☐ No **Please explain.**

I certify that my farm will take preventive measures to cause no harm to seed potato quality and will not be a risk to the potato industry and consumers.

Signature: \_\_\_\_\_ (Grower)