

# POST-HARVEST PESTICIDE & CROP IDENTITY DECLARATION

Rothwell  
Market Rasen  
Lincolnshire  
LN7 6DT  
Tel: 01472 371471  
Fax: 01472 370145



**CROP  
ASSURANCE  
IDENTIFICATION  
STICKER**

**LOADS NOT ACCOMPANIED BY THIS DOCUMENT CORRECTLY COMPLETED MAY BE REFUSED**

*Note that signatures on behalf of the grower/storekeeper AND Haulier are required to complete this form*

## SEED & GRAIN IDENTIFICATION

GROWERS TRADING TITLE..... CROP SPECIES.....

VARIETY ..... GRADE: ..... STORAGE REF: .....

"I confirm that the seed loaded in this vehicle is from the above store and has been and is correctly identified."

SIGNED BY OR ON BEHALF OF GROWER ..... PRINT NAME .....

## POST-HARVEST PESTICIDE TREATMENT(S)

Please delete / complete sections A and B as applicable

- A No post-harvest treatment has been applied to the crop carried in the vehicle referred to below.
- B Post-harvest pesticide applications at or below the recommended levels as stated by the manufacturer have been made to the crop carried in the vehicle referred to below. Details are as follows:

DATE:...../...../..... PRODUCT:.....

DATE:...../...../..... PRODUCT:.....

SIGNED BY OR ON BEHALF OF GROWER ..... PRINT NAME.....

## G.M. STATEMENT (Oilseeds Crops only)

In compliance with regulations (EC) No. 1829/2003 on genetically modified food and feed, and (EC) No 1830/2003 concerning the traceability and labelling of genetically modified organisms, the crop covered by this declaration is NOT subject to the labelling requirement specified in the above mentioned regulations and necessary steps have been taken to preserve the conventional (i.e. Non-GM) status of the crop.

## INSPECTION OF THE VEHICLE

"We have visually inspected this vehicle prior to loading and believe it to be in a fit condition to carry seed and grain to enter into the food chain. No tests have been carried out to establish this and no warranty is given by this declaration."

SIGNED BY OR ON BEHALF OF GROWER ..... NAME OF THE HAULIER .....

SIGNED ..... SIGNED (DRIVER) .....

PRINT NAME ..... PRINT NAME .....

POSITION ..... VEHICLE REG. No ..... Trailer No .....

DATE:...../...../..... DATE ...../...../.....

**Yellow copy: To be retained by the Driver and handed over at the destination**

**White copy: To be retained by the Grower.**

SYSTEMATIC 01472 851091

## FOR USE BY RECEIVER

Contract Number ..... Date of Delivery ...../...../.....

Weighbridge Ticket No. .... Received By .....