



WI Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
 Bureau of Plant Industry
 PO Box 8911, Madison, WI 53708-8911
 Phone: (608) 516-5486 Fax: (608) 224-4656

Wisconsin Certified Seed Potato Requirement Waiver Request (Wis. Stat. §94.36)

SECTION 1 - BUSINESS AND CONTACT INFORMATION

LEGAL NAME OF APPLICANT(S)	PHONE (Mobile): () -	PHONE (other): () -	FAX: () -
DOING BUSINESS AS NAME OR TRADE NAME	E-MAIL		
BUSINESS HEADQUARTERS COUNTY			
BUSINESS HEADQUARTERS ADDRESS	CITY	STATE	ZIP
MAILING ADDRESS (if different than business HQ address)	CITY	STATE	ZIP

SECTION 2 – SEED POTATO INFORMATION

PLEASE LIST THE UNCERTIFIED SEED VARIETY / GENOTYPE FOR WHICH YOU ARE REQUESTING A WAIVER BELOW:

PROPOSED VARIETY / GENOTYPE	PROPOSED ACREAGE	PROPOSED SEED SOURCE

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

2. Do you anticipate that you will be able to obtain certified seed of this variety in the following season? Yes No
Please explain. If you will NOT be able to obtain certified seed of this variety the following season, please indicate when you anticipate that you will be able to obtain certified seed of this variety.

3. Please indicate any known virus or disease risks associated with this variety, and postulate whether this variety could harm seed potato quality. **PLEASE ENCLOSE DOCUMENTATION OF PRIOR CERTIFICATION AND FIELD SCOUTING RECORDS ASSOCIATED WITH THIS VARIETY, AND SUBMIT THAT INFORMATION, ALONG WITH THIS WAIVER REQUEST FORM.**

4. Has the **source farm** where this variety was last grown been affected by (check all that apply):

- Bacterial Ring Rot**
- Late Blight**
- Significant Tuber Defects, such as spraing (TRV, PMTV)**
- Poor Emergence**
- Storage Problems Associated with Blackleg, Softrot, or Herbicide Injury**

For each box checked above, please explain.

4 b.) Has the prior crop had **poor vigor from plant virus (PVY, PLRV, PSTVD)**?

- No
- Yes (Please explain):

5. Indicate the measures this farm will take to mitigate risks of planting this uncertified lot to the potato industry and consumers.

6. Is varietal mixture evident that would affect the commercial processing of the crop?

- Yes (Please explain):
- No

I CERTIFY ALL THE INFORMATION THAT I PROVIDE ON THIS FORM TO BE TRUE AND ACCURATE.

TYPE/PRINT NAME OF APPLICANT	TITLE
APPLICANT SIGNATURE	DATE

Once completed, please return this form, along with any documentation of prior certification and field scouting records associated with this variety to: sara.ott@wi.gov, or by mailing it to Sara Ott, WDATCP – Bureau of Plant Industry, PO Box 8911, Madison, WI 53708-8911.