

GRAPE INTRODUCTION & MAINTENANCE SERVICE REQUEST FORM

Please complete a separate form for each selection. If submitting more than one selection, do not combine PDFs into a single file. Email form(s) to fps@ucdavis.edu or print and mail to 455 Hopkins Road, Davis, CA 95616.

Company Name:		Date:				
Mailing Address:			Contact Na	me:		
City, State, Zip			Email:			
Country:			Phone/FAX	:		
Г						
Name of cultivar:						
Uses: Table	Raisin	Wine	Juice		Rootstock	
Berry color:						
Will material be protected by a US patent?		Yes		No		
Proprietary status: Public		Prop	orietary			
If proprietary, do you want the above selection information on the FPS website/publications? YES NO						
Country of origin:						
Source:						
Disease testing history, if any:						
Do you wish to include this selection in the CDFA Grapevine Registration and Certification Program if it qualifies after completion of treatment and testing? Yes No						
Is material sourced from a single source?		Yes		No		
Material supplied as:	Cuttings	Number pr	ovided:		Length of cuttings:	
	Grafted Vine(s)	Number pro	ovided:		Specify rootstock:	
	Other	Number pro	ovided:		Specify:	
Additional information:						

PLEASE SELECT EACH DESIRED SERVICE

Testing and Treatment: Complete disease testing panel, DNA fingerprinting (if available) and disease elimination therapy by microshoot-tip culture therapy including pre- and post-therapy testing panels if necessary to qualify foreign and domestic selections for release from federal quarantine and/or inclusion in the CDFA registration and certification program.

- \$2000 per public selection
- \$3500 per proprietary selection

Inclusion in Foundation Collection: Plant and maintain qualified proprietary selections in the FPS Foundation Collection.

- \$500 per selection for initial planting
- \$150 per year per selection thereafter