

Please refer to the PCN Questionnaire on the Fera Plant Passport explanatory leaflet before completing this form. https://www.gov.uk/guidance/fruit-propagation-certification-scheme	GROWER NAME	
	GROWER ADDRESS	
	E MAIL	
	TEL No. / MOBILE	

	OFFICIAL USE ONLY
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No.	Field Name	Field No. (IACS / OS)	Area to be planted (hectares)	Reason for request	Date Sampled	Pass	Fail	TIME (hrs/min)	
								On-site	Travel
1									
2									
3									
4									
5									
6									

s)

Admin.

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