

Please refer to the PCN Questionnaire on the DEFRA Plant Passport explanatory leaflet before completing this form .

<https://www.gov.uk/guidance/fruit-propagation-certification-scheme>

PLANTING YEAR	
GROWER NAME	
GROWER ADDRESS	
E MAIL	
TEL. No. / MOBILE	
<b>OFFICIAL USE ONLY</b>	

No.	FIELD NAME	Field No. (IACs / OS)	Area to be planted (hectares)	Reason for request	Date Sampled	PASS	FAIL	SAMPLING TIME	
								Hrs	mins
1									
2									
3									
4									
5									
6									