ORGANIC SEED SEARCH and/or PURCHASE RECORD

Name of Operator and Operation:	
	(Make additional copies of this sheet, as needed.)

Seed Needed (for EC: species and variety)	Amount Needed (for EC: weight or volume)	Area to be Seeded (for EC: unit of measure, acre, etc.)	Distributor Contacted	Date of Contact	Contact Method (Phone, letter, fax, etc.)	Response/ Name/Variety Purchased*	Amount Purchased (weight or volume)	Date of Purchase	Proof Not Treated or Treated with Approved Material** (Yes or No)	Proof Non GMO*** (Yes or No)
									Yes	Yes
									□No	□No
									☐Yes	□Yes
									□No	□No
									□Yes	Yes
									□No	□No
									□Yes	Yes
									□No	□No
									Yes	Yes
									□No	□No
									□Yes	Yes
									□No	□No
									□Yes	Yes
									□No	□No
									□Yes	Yes
									□No	□No
									Yes	Yes
									□No	□No
									□Yes	Yes
									□No	□No
									□Yes	Yes
									□No	No

^{*}Please attach seed labels and any relevant information.

Use of this form is optional. Another form accomplishing the same purpose may be used if appropriate to your

^{**}Attach verification.

^{***}Attach Non-GMO Seed Affidavit. operation.