

GAPC Purchased Transplant Record

| This form is to be given to a grower who purchases transplants. This will satisfy their transplant recordkeeping requirements under the current GAPC Certification Standards. | | | | | | | | | |
|---|-----------------------------|------------------|----------------------|---|---------------------------|-----------------|----------------------|-------------------|----------|
| Farm Name (Seller): | | | | - | | | | | |
| Address: | | | | City: | | | State: | | Zip: |
| Transplant Batch No.* | | | - | Variety Name: | | | | | |
| Greenhouse ID No.** | | | - | Lot Number: | | | | | |
| LC Variety (burley and dark only) | | | | Seedling Source: | | | | | _ |
| Date of Seeding | / | / | Date the plants were | | | | | | |
| Complete the CPA reco | ords below for thi | s batch no. only | or provide purchaser | a copy of your complete CPA re | cords with batch no | referenced with | this form. | | . |
| Green House ID No.** | Transplant Batch Number* | Date | Applicator | Brand/Product Name or Reference Number | Reason for Application | Rate/1,000 ft2 | Total Application | Start/Finish Time | |
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^{*} This ID number is created by you and is used to identify each separate batch of transplants in your operation. A separate ID number should be given to each batch of transplants of the same variety, lot number, and seeded at the same time in each greenhouse.

^{**} This Greenhouse ID number is created by you and is used to identify each separate greenhouse used in your operation.