



U.S. Tobacco GAP Purchased Transplant Record (Combination Form)

This form, along with the current year's greenhouse CPA records where these transplants were grown, is to be given to a grower who purchases transplants and is participating in the U.S. Tobacco GAP Program. This will satisfy their transplant recordkeeping requirements under the current U.S. Tobacco GAP standards.

Farm Name (Seller): _____

Address: _____

City: _____

State: _____

Zip: _____

Transplant Batch No.* _____

Variety Name: _____

Greenhouse ID No.** _____

Lot Number: _____

LC Variety
(burley and dark only) Y N

Date of Seeding _____ / _____ / _____

Date the plants
were received
(picked-up): _____ / _____ / _____

Complete the CPA records below for this batch no. only or provide purchaser a copy of your complete CPA records with batch no. referenced with this form.

Applicator	Transplant Batch No.*	Greenhouse ID No.**	Date	Brand/Product Name	REI (hours)	Rate/ 1000 ft2	Total Application	Notes/Target Pests	Start/Finish Time

* 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.

Hole punch and place in your GAP binder or with your GAP records.