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| Applicant: |
| Address: |
| Phone, e-mail: |
| The applicant is: [ ]  breeder [ ]  holder [ ]  maintainer [ ]  agent of above mentioned persons |

Please entry into the latvian catalogue of plant varieties:

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| Botanical name of taxon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  genus species subspecies Common name of taxon:  |
| Name of species in Latvian: |
| Breeder's reference number: |  | Proposal for variety denomination: |  |
| Synonymous of variety: (if have) |  |  |  |
| GMO: [ ]  yes [ ]  no  | Hybrid: [ ]  yes [ ]  no  | The variety was bred in: |  |
| Other information |

Breeder (if an applicant is not a breeder):

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| Breeder: |
| Address: |
| Phone, e-mail: |

Maintainer (if an applicant is not a maintainer) HOLDER (for protected variety)

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| --- | --- |
| Maintainer: | Holder: |
| Address: | Address: |
| Phone, e-mail: | Phone, e-mail: |

following documents are attached to the application:

|  |  |
| --- | --- |
| Authorization (if applicant is agent): [ ]  yes [ ]  no  | Date of the payment of application fee: \_\_\_.\_\_\_\_.\_\_\_\_\_\_\_\_\_\_. |
| DUS test report: [ ]  yes [ ]  no  | Variety description regarding DUS test results: [ ]  yes [ ]  no  |
| If DUS test has not been carried out – technical questionnaire: [ ]  yes [ ]  no, country, intended to carry out DUS \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Potato varieties resistant to potato cyst nematodes or cancer:Confirmation of variety resistance to the potato cyst nematode (indicating the pathotype): [ ]  yes [ ]  no Confirmation of variety resistance to the potato wart disease (indicating the race): [ ]  yes [ ]  no  |

Information concerning about applications and inclusion of the variety in National list in other Countries and about the granting of plant breeder's rights in other upov members Countries

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| Date: \_\_\_\_. \_\_\_\_ . \_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  transcript of signature |