

APPLICATION FORM VCU TESTING

 An application is being filed in the Nethe Application for listing on the National lis Application for the Recommended list for 	st	() mark application option and/or ps
If only application for the Recommended list CSAR, Louis Braillelaan 80, 2719 EK, Zoe		
2. Applicant (s): also owner(s) of the variety Name: Address:		ppcode:
City: Nationality: Phone number:	E-mail:	
3. Correspondence address (if different fro Name:	m the address ab	ove)
Address: City: Nationality:	Z	ippcode:
Phone number:	E	-mail:
This is the address of: () one of the applicants () the representative () for order correspondence		
4. Species (Latin and English name):		
5. Variety denomination: Breeder's reference:		Variety denomination (optional):
6. Has the variety been released on the off() Yes() No	icial list in any oth	ner member state of the European Union(2):
If yes, in which member state:	When:	Proof of listing added:
 7. Attachments: Mandatory for application for listing on the National list:		
I declare, that the information provided in the to the best of my knowledge. Name: Place:	his document and	I in the attachment(s), is complete and true,
Date: Signature(s) of the applicant(s) or agent Copy of the form should be sent to the executive	institution of the VC	U of the crop concerned.

I agree to the processing of personal data in accordance with the privacy statement. We only use your data for this purpose, do not share it with others and delete it annually.

⁽¹⁾ The application for the Recommend list is formally submitted to the Committee for the Recommend list (CSAR). The application

is administratively processed by the Board for Plant Varieties.

(2) If, at the moment of this request the variety has not yet been released in another member state of the European Union, the application for listing should be filed with the Board for plant varieties.



Official Use Only
Application number: BSU
Date of application received

SUGARBEET

Technical Questionnaire for Examination of the Value for Cultivation and Use (VCU).		
To be completed in connection with an application for National Listing or Recommendation in The Netherlands		
Variety denomination or Provisional designation (Breeder's reference):		
Year of crossing or first selection:		
Does the variety relate to a GMO (Genetically Modified Organism): ☐ yes; ☐ no		
If yes, please provide details of this modification (by separate appendix to this questionnaire).		
Technical details		
Ploïdy:		
Monogerm:	□ yes □ no	
Resistances:		
Rhizomania:		
Cercospora:		
Beet Cyst Nematode:		
Rhizoctonia:		
Other resistances:		
Any specific characteristics:		
At the applicant's request and confirmed by this questionnaire the variety will be tested in full from the first year:		
on the Rhizomania trials ór on the trials for Beet Cyst Nematodes ór on the Rhizoctonia trials		
Anymore details:		

Foundation IRS Attn: dr.ir. A.G.M. Leijdekkers P.o. Box 20 4670 AA DINTELOORD THE NETHERLANDS

Copy of completed questionnaire should be sent to:

Telephone: +31 165 516084
Mobile: +31 6 27407201
E-mail: leijdekkers@irs.nl