

Technical questionnaire

Witloof Chicory Version 9

Mandatory fields or sections are marked with an asterisk (*)

01	. Botanical	taxon:	name o	of the	genus,	species	or sub	-species	to wh	ich the	variety	belongs:

Cichorium intybus L.

Other species (please specify)

02 . Application code:

For office use only

03. Breeder's reference

Breeder's Ref.

04 . Information on the breeding scheme and propagation of the variety *

04 . 01 . Type of material *

parent line

(this question could be confidential)

hybrid cross-pollinated variety self-pollinated variety

04 . 01.01 . Parental line use *

(this question could be confidential)

In many cases there is a link in morphological expression of characteristics between the parent line and its hybrids. Therefore, it is recommended to provide information about the identity of hybrid varieties where the parental line is used. This makes the organisation of the technical examination more efficient and lowers the risk of an additional year at the costs of the applicant. This information will be dealt with confidentially and only share with the examination office in charge of the technical examination.

Please indicate for the production of which hybrid variety(ies) the parental line is used

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04 . 02 . Method of propagation of the variety *

(this question could be confidential)

seed propagated

vegetatively propagated

04 . 03 . Other information on genetic origin and breeding method

(this question could be confidential)

Please specify

05 . Characteristics *

(the number in brackets refers to the corresponding characteristic in the CPVO Technical Protocol; please mark the state of expression which best corresponds).

- 05 . 01 . Leaf: length (4) (G) *
 - 1 very short
 - 2 very short to short
 - 3 short
 - 4 short to medium
 - 5 medium
 - 6 medium to long
 - 7 long
 - 8 long to very long
 - 9 very long
- 05 . 03 . Leaf: colour (7) (G) *
 - 1 only green
 - 2 green and red
 - 3 only red
- 05 . 04 . Leaf: intensity of green colour (8) (G) *
 - 1 very light
 - 2 very light to light
 - 3 light
 - 4 light to medium
 - 5 medium
 - 6 medium to dark
 - 7 dark
 - 8 dark to very dark
 - 9 very dark



${\bf 05}$. ${\bf 05}$. Time of beginning of flowering	(19)	(G)	*
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- 1 very early
- 2 very early to early
- 3 early
- 4 early to medium
- 5 medium
- 6 medium to late
- 7 late
- 8 late to very late
- 9 very late

05 . 06 . Male sterility (25) (G) *

- 1 absent
- 9 present

05 . 07 . Head: length (26) (G) *

- 1 very short
- 2 very short to short
- 3 short
- 4 short to medium
- 5 medium
- 6 medium to long
- 7 long
- 8 long to very long
- 9 very long

05 . 08 . Head: shape in longtudinal section (29) (G) \ast

- 1 ovate
- 2 broad elliptic
- 3 medium elliptic
- 4 narrow elliptic

06 . Similar varieties and differences from these varieties

- 06 . 1 . Are there any similar variety(ies) known? *
 - 1 yes
 - 2 no

06 . 2 . Similar varieties and differences from these varieties: *

Denomination of similar variety	Characteristic in which the similar variety is different	State of expression of similar variety	State of expression of candidate variety

${f 07}$. Additional information which may help to distinguish the variety
07 . 01 . Resistances to pests and diseases *
1 - yes (please specify):
2 - no
${\bf 07}$. ${\bf 02}$. Special conditions for the examination of the variety *
07 . 02.01 . Period of forcing *
Please indicate in months: *
07 . 03 . Other information *
1 - yes (please specify):

08 . GMO-information requested

2 - no

08 . a . The variety represents a genetically modified organism (GMO) within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001 which requires authorization for release in the environment: *

- 1 yes
- 2 no

08 . b . If yes, has such authorization been obtained? *

- 1 yes
- 2 no

08 . c . If yes, please attach a copy of such an authorization *

DECL	۸D	ATT	ONC	- 3

I/we hereby declare that to the best of my/our knowledge the information given in this form is complete and correct.

Place

Date

Name

Signature

