



CANOLA

Grower Qualification Form

to license Nuseed Omega-3 Canola



GROWER INFORMATION

Landowner/Grower Name	
Business/Property Name	
Address	
Mobile #	
Email	

BACKGROUND

Have you previously grown canola?	
Total acres requesting to contract?	
Have requested acres been in active agricultural production for four or more years?	
Planter type & row spacing?	
Do you plan to straight cut or swath?	
Do you have adequate aerated storage capacity?	
Can you store the harvested canola until the following July if required?	

ACKNOWLEDGEMENTS

I shall confirm with neighbors that no sexually compatible crop will be seeded within 660 ft of any Nuseed Omega-3 canola (for example, other canola, rapeseed, mustard, radish)

Initials _____

I confirm I will not grow sexually compatible crops on fields following Nuseed Omega-3 canola for the next 3 seasons unless it is Nuseed Omega-3 canola. I also confirm that I have received and understand the Nuseed "DHA Canola Stewardship 2022 Grower Guide."

Initials _____



FIELD

		Latitude		Longitude	
GPS Coordinates	North West Corner				
# of Acres					
Field name or ID & County					
Major weeds/diseases/insects					
Known weed resistance					
Residual herbicides					
Soil type					
	2021	2020	2019	2018	
Previous crops or fallow					

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