State Plant Protection Service
Lielvardes street 36/38, Riga, LV-1006

APPLICATION FOR PLANT BREEDER`S RIGHTS

Applicant:	
Address:	
Phone, e-mail:	
APPLICANT IS: ☐ breeder ☐ authorized agent	Nationality (if natural person):

PLEASE GRANT PLANT BREEDER'S RIGHTS TO:

Species botanical taxon (in Latin):..... genus species subspecies variety			
Common name in English:		The variety is bred in (country):	
Breeder`s reference:		Proposed denomination:	

BREEDER (shall be indicated if different from applicant):

Breeder:	
Address:	
Phone, e-mail:	Nationality (if natural person):

PROPAGATING MATERIAL IS SOLD OR OTHER DISPOSAL TO THE THIRD PARTIES FOR PURPOSES OF EXPLOTATION OF THE VARIETY:

In Latvia ☐ not yet ☐ for the first time (date) ___ .____ . _____ under denomination _____

In other countries ☐ not yet ☐ for the first time (date) ___.____ . _____ country _____

under denomination _____

DISTINCTNESS, UNIFORMITY AND STABILITY TESTING (the technical examination of the variety)

☐ has not yet been started	☐ has already been completed in
☐ is in progress in (country and name of examination office, testing year)	

ATTACHED DOCUMENTS OF APPLICATION:

Authorization (if submit the authorized agent): ☐ yes ☐ no	State fee payment date: ___ .____ . _____
DUS report of variety: ☐ yes ☐ no	Description of variety: ☐ yes ☐ no
If DUS tests are not carried out - technical questionnaire: ☐ yes ☐ no	Requiring priority -approved the first application copy: ☐ yes ☐ no
Other information (also the information on GMO`s):	

INFORMATION OF OTHER APLICATION OF REGISTRATION OF VARIETY:
(Indicate all submitted applications for registration of any other national catalog and / or the granting of breeders' rights in any of the UPOV Member States)

Priority: ☐ isn't claimed ☐ is now claimed, in respect of earliest application for a property right filed (country, date of registration, the variety denomination):

I (WE) HEREBY DECLARE THAT TO THE BEST OF MY (OUR) KNOWLEDGE, THE INFORMATION NECESSARY FOR THE EXAMINATION OF THE APPLICATION, GIVEN IN THIS FORM AND IN THE ANNEXES, IS COMPLETE AND CORRECT.

Filling date: ____ . ____ . _____	Signature of applicant	Full name:

For State Plant Protection Service`s use only:			
Official: _____ _____ Signature, name and surname	Receiving date: ____.____._____	Registration date: ____.____._____	Registration number No. _____