



### Transgenic Field Trial Certification

This form should accompany any Task Order or Service Agreement that involves conducting a field trial with transgenic plant material. A copy of the USDA permit or notification must also be attached.

PI ADLOC:  College  AgriLife Extension  AgriLife Research

Certifying Individual:

_____	<i>Name</i>	_____	<i>Date</i>
_____	<i>Department or Unit</i>	_____	<i>Phone</i>
_____	<i>Project Title</i>	_____	<i>Email</i>
_____	<i>Proposed Field Trial Location</i>	_____	<i>Maestro Project Number</i>
_____	<i>USDA Permit/Notification Number</i>	_____	<i>Permit/Notification Expiration Date</i>
		_____	<i>Proposed Field Trial Dates</i>

**Section II: Certification Statement**

As the lead PI responsible for conducting and/or supervising activities under a Task Order or Service Agreement that involve the field release of transgenic plant materials, I affirm the following are true by signing below:

1. I have read, understand and will fully comply with all of the terms and obligations of the above referenced Task Order or Statement of Work.
2. I have read, understand and will fully comply with all of the terms and obligations of the Master Agreement or Service Agreement governing the above referenced Task Order or Statement of Work.
3. I have read, understand and will fully comply with the terms and restrictions of any applicable governmental permit (i.e. USDA APHIS Permit or Notification) that cover the field release of a transgenic plant material.
4. I will ensure that any faculty, staff, students, or visiting scholars included on any activities under the above referenced Task Order or Service Agreement understand the terms and obligations applicable and will abide by all USDA Permit/Notification restrictions.
5. I understand that additional export control related approval requirements shall be conducted before any staff, students, or visiting scholars participate on this project.

**Section III: Certification (REQUIRED)**

_____	<i>PI Signature</i>	_____	<i>Date</i>
_____	<i>Unit/Department Head Signature</i>	_____	<i>Date</i>

**AgriLife Risk and Compliance Use Only** -----

_____	<i>By</i>	_____	<i>Date Received</i>
-------	-----------	-------	----------------------