



**GRASS VARIETY REVIEW BOARD**

**SAVE this form to your desktop or computer.**  
**Enter required information and upon completion, return to [nvrb@aosca.org](mailto:nvrb@aosca.org)**  
**by clicking on this link and attaching the application.**

**\* if unable to submit in Word format, please contact the AOSCA office for assistance.**

All information provided on this application shall be maintained in complete confidence by the Association of Official Seed Certifying Agencies (AOSCA), its staff, and individual members of the AOSCA Variety Review Board. Each member of the Review Board will be required to sign a statement to this effect prior to their receipt of any applications for review. Upon completion of the review process, reviewers will be required to destroy or delete all applications in their possession. One copy of each application will be maintained on file in the AOSCA office.

**ANNUAL RYEGRASS VARIETAL FLUORESCENCE – GROWOUT METHOD  
DESCRIPTION DOCUMENTATION**

When applying for Grass Varietal Fluorescence Description Documentation, please download one (1) copy of the current application form for each variety to be reviewed, enter all required information and email the completed application to: [nvrb@aosca.org](mailto:nvrb@aosca.org),

**The AOSCA Grass Variety Review Board accepts VFL applications at any time throughout the year.**

If you have questions about the application process, please contact the AOSCA office by phone at 309-736-0120 or email at [nvrb@aosca.org](mailto:nvrb@aosca.org).

Criteria for evaluation of applications have been developed by the Grass Variety Review Board and AOSCA.

Variety Name: \_\_\_\_\_ Species: \_\_\_\_\_  
(Please list name in upper and lower case as it will appear in commerce or as marketed)

Experimental or previous designation(s): \_\_\_\_\_

Variety reviewed by:

AOSCA GVRB \_\_\_\_\_

**or**

State/Agency Certification \_\_\_\_\_

Name of state or agency if other than AOSCA GVRB: \_\_\_\_\_

Date Recommended: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
(2 letter abbreviation) (9-digit code, if available)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**Statement of Indemnification and Hold Harmless Agreement  
for Applicants to Variety Review Boards**

The sponsor, breeder and/or owner of the variety described in this application acknowledges, upon submission of an application, that the role of a Variety Review Board is to review the material as it is originally submitted or supplemented. It is understood that the information contained within the application is deemed to be confidential and only the summary information prepared and submitted by the applicant will be made available to the general public by the Association of Official Seed Certifying Agencies. A favorable review of the variety does not automatically confer eligibility for certification in any particular agency jurisdiction nor does it imply eligibility for final certification or final certification of any existing seed or seed that is subsequently produced. Such eligibility recognition and final seed certification decisions are solely the prerogative of individual certifying agencies. All conclusions of the review process are the opinions of the review boards solely as to the suitability of varieties for certification as determined by the information presented. Such conclusions are not to be construed as statements about the commercial worth or performance merit of any variety.

The person, company or organization submitting this application for review hereby indemnifies and hold harmless the Association of Official Seed Certifying Agencies, the members of the Variety Review Board and the organizations and agencies that sponsor the members of the Variety Review Board from and/or against any and all claims, damages, costs, liabilities and expenses that rise in connection with the review of varieties for eligibility for certification. Such agreement to indemnify and hold harmless shall extend for a period to include the life of the variety being reviewed plus ten (10) years.

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Printed Name of Representative or Agent of Owner\*\*

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Date

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Signature of Representative or Agent of Owner\*\*

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Date

List variety name and crop kind: \_\_\_\_\_

Is this a revision to an established VFL value?  Yes  No  
(an established value may be revised once)

**A. Seed lots used for fluorescence tests (Table 1).**

List laboratory conducting tests: \_\_\_\_\_

There must be at least three (3) lots tested from at least two (2) generations; one generation must be Breeder seed. Attach copies of laboratory reports showing fluorescence test results. Seed tests must be conducted according to AOSA approved protocols. Number of seeds tested, germination %, and TFL % all come directly from the laboratory test report. There must be at least 3,000 seeds tested with at least 1,000 from each lot (maximum of 10,000 total). Number of normal seedlings is the number of seedlings counted at the seed laboratory to give germination % in each lot. This number can be rechecked by germination % × number of seeds tested.

Lot Number	Class of Seed	Crop Year	Number of Seeds Tested	Number of Seedlings		Germination %	Total Fluorescence (TFL) %
				with Non-fluorescing Roots	Normal Germinated		
#1:							
#2:							
#3:							
#4:							
#5:							
Totals				A=			

**B. Seedlings used in grow-out tests (Table 2).**

List laboratory conducting tests: \_\_\_\_\_

Line **B1a** is the number of normal non-fluorescent seedlings from each seed lot and should equal the number of seedlings returned and planted in the grow-out tests (there must be at least 25 total); **B1b** is the number of seedlings that died during the test. All seedlings returned must be grown out along with at least twenty-five (25) fluorescent control seedlings from the same cultivar tested and twenty-five (25) non-fluorescent seedlings from a perennial control cultivar started at the same time as the germination tests. If twenty-five (25) total non-fluorescent normal seedlings are not obtained after testing 10,000 seeds, whatever number obtained will be acceptable. Recheck the number by  $(100 - \text{TFL } \%) \times \text{normal seedlings}$ . During the grow-out tests, compare the phenotypic characteristics of the plants from non-fluorescent seedlings to those from fluorescent seedlings (e.g., check heading without vernalization, presence of awns, and rolled vs. folded leaf buds). Line **B1c** is the number of off-type (perennial-like) plants observed. Line **B2** is the number of plants from the non-fluorescent seedlings in each lot that did not vary morphologically from the fluorescent control plants. Attach a description of, or provide a reference to, the grow-out test for each application submitted for review, including condition of the plants at the end of the test. Test documentation must include the name of the comparison variety, and data on the test and control plants used to help make classification decisions.

	Lot #1	Lot #2	Lot #3	Lot #4	Lot #5	Total
<b>B1a</b>						
<b>B1b</b>						
<b>B1c</b>						
<b>B2</b>						

**C. VFL description calculation**

For any mortality between seedlings planted and final evaluations, the (A) value in Table 1 is adjusted in the final % varietal fluorescence calculation according to AOSA Cultivar Purity Testing Handbook. The survival factor (S) is determined at the conclusion of all tests:  $S = (\text{B1a:Total} - \text{B1b:Total}) \div \text{B1a:Total}$

Varietal Fluorescence Level (VFL%) =  $100 - ((\text{B2 : Total} \div (\text{A} \times \text{S})) \times 100)$  =  %

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# ASSOCIATION OF OFFICIAL SEED CERTIFYING AGENCIES

PO Box 174  
Fayette, MO 65248

Sarah Wilbanks  
Chief Executive Officer  
SWilbanks@aosca.org

Telephone: 309-736-0120

## INVOICE

### GRASS VARIETY REVIEW BOARD VARIETAL FLUORESCENCE APPLICATION ANNUAL RYEGRASS – GROWOUT METHOD

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
(2 letter abbreviation) (9-digit code, if available)

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Grass Variety Review Board		Quantity	
Varietal Fluorescence	@ \$50.00 per application		= \$
Application(s)		_____	_____

TOTAL AMOUNT DUE \$ \_\_\_\_\_

**The AOSCA Grass Variety Review Board accepts VFL applications at any time throughout the year.**

**We now offer and encourage the option to pay electronically. If you can pay using a credit card or electronic funds transfer notify [Teresa Snyder](#).**

If you wish to mail your check, please make it payable to AOSCA & mail check and invoice to:  
AOSCA, PO Box 174, Fayette, MO 65248.