

# Candidate's Guide to Seed Analyst Accreditation

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## Appendix F. Seed analyst training sign-off sheet

This verifies that:

\_\_\_\_\_ (name of trainee)

has received the required number of hours\* of training as required in Section 4.2.3 during the period:

\_\_\_\_\_ to \_\_\_\_\_  
(dates)

and that the trainer and trainee agree that training was provided covering the skills as required in Section 3.2. *Core skills and knowledge* for Accredited Seed Analysts.

<b>TRAINEE</b>	<b>TRAINER</b>	<b>SUPERVISOR LAB MANAGER (where applicable)</b>
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Date	Date	Date

Name of Laboratory: \_\_\_\_\_

\* See Section 4.2, Eligibility to write the examination

This form must be submitted with the Application For Seed Analyst Examination (Appendix G)

**Appendix G. Application for Seed Analyst Examination**

**APPLICATION FOR SEED ANALYST EXAMINATION**

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

Please read this application carefully and fill in completely. Applications which are improperly filled in or incomplete will be returned. Application must be received by April 1st.

Name of Applicant		
Employed by		
Mailing Address		
Telephone		Fax
Email		

Please indicate scope of accreditation for which you are applying.

- Full Accreditation in all Grade Tables and Crop Kinds for Purity and Germination.
- Partial Accreditation - Please describe the Grade Table(s) or Crop Kind(s) for Purity and/or Germination Accreditation

Purity:	
Germination:	

Do you want CFIA to forward your name to the Commercial Seed Analysts Association of Canada (CSAAC)?

Yes	
No	

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Signature of Applicant

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Date

Forward completed form to: Section Head, Seed Science and Technology Section  
Saskatoon Laboratory  
301 - 421 Downey Rd.  
Saskatoon, SK S7N 4L8  
Telephone: (306) 385-4858 Fax: (306) 385-4944  
Email: [ssts@inspection.gc.ca](mailto:ssts@inspection.gc.ca)