



Certificate of Analysis Request Form

Company/Farm Name: _____ For Registration (Y or N): _____ State: _____
Address: _____ For Organic Certification (Y or N): _____
_____ OMRI: _____ OIM: _____ WSDA: _____
Contact: _____ OTHER: _____
Phone #: _____ Date Sent: _____
Email: _____ Date Needed by: _____
Authorization #: _____ MA Inc Sales Rep: _____

Instructions:

1. Include 1 Cup of finished product
2. Include Packaging or Label
3. Mark each sample bag clearly.
4. Please enclose \$140.00 US Funds per sample,
payable to: Mycorrhizal Applications, Inc.

Send Sample to:

Mycorrhizal Applications, Inc.
Attn: LAB SAMPLES
Authorization #: _____
810 NW E St
Grants Pass, OR 97526

MycoApply Product Used:

_____ Granular _____ Liquid
_____ Micronized _____ Ultrafine
_____ Soluble _____ Custom

If Custom, Please describe: _____

Other Ingredients blended with MycoApply

Product: _____

Notes / Comments: _____

