

2011 Replant and Dryland Drought Relief  
TX/OK/NM/KS Claim Form



**Dealer Information**

Dealer Name: \_\_\_\_\_ City, State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Seed Distributor Information**

Distributor: \_\_\_\_\_ City, State: \_\_\_\_\_

**Grower Information**

Grower License # \_\_\_\_\_

Farm or Business Name: \_\_\_\_\_

Grower's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Replant / Dryland Drought Information**

Select One: Replant: \_\_\_\_\_ Dryland Drought: \_\_\_\_\_ Date Planted: \_\_\_\_\_

Circle one of the following Traits: RR B2RF RF Pounds per acre Planted: \_\_\_\_\_

Original Variety Purchased	Total Bags Purchased	Total Bags Lost	Total Acres Lost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grower Signature: \_\_\_\_\_ (REQUIRED)

Dealer/Distributor Signature: \_\_\_\_\_ (REQUIRED)

**CHECK LIST: Replant claims must include:**

- \_\_\_\_ 1. Copies of seed purchase invoices.
- \_\_\_\_ 2. Claims must be submitted no later than July 15, 2011

**CHECK LIST: Dryland Drought claims must include:**

- \_\_\_\_ 1. FSA form 576 (not FSA-578)
- \_\_\_\_ 2. Insurance Production Worksheet. (not cotton worksheet)
- \_\_\_\_ 3. Copies of seed purchase invoices.
- \_\_\_\_ 4. If harvested or if no insurance - must provide FSA FORM 503
- \_\_\_\_ 5. Claims must be submitted no later than January 15, 2012.

**PLEASE FAX OR MAIL CLAIM FORM TO**

All-Tex Seed, Inc  
P.O. Box 1057  
Levelland, TX 79336

Fax # 806-894-7528 Phone # 806-894-4901  
(Please call to verify receipt of fax by All-Tex)