



CONSIGLIO PER LA RICERCA
IN AGRICOLTURA E L'ANALISI
DELL'ECONOMIA AGRARIA

CRA-SCS

CENTRO DI SPERIMENTAZIONE
E CERTIFICAZIONE DELLE SEMENTI

PROCEDURE FOR REQUESTING DUS REPORTS AND VARIETY DESCRIPTIONS TO CRA-SCS (VERSION UPDATE MAY 2015)

1 Scope

The following procedure explains how to take over from CRA-SCS a DUS report for variety registration purpose, in conformity with UPOV recommendations (see paragraph 2), or a variety description for certification purpose in a different country (see paragraph 3).

This procedure applies to varieties listed or that have been listed in Italy; the procedure do not apply to varieties under listing trials or rejected for any reason from listing procedure.

2 Take over of a DUS report

2.1 Application

The application shall be submitted by the Designated Authority (DA) of the interested country using the UPOV template (see annex 1) completed with the requested information.

Fill in an application form for each variety and send it, preferably by email, to:

scs@entecra.it

You might use ordinary post send the application to:

CRA-SCS
Direzione
Via Ugo Bassi 8
20159 – MILANO
Italy



The application can be sent also by fax to the following number:

+39 0269012049

In case of need please call:

+39 026901201

(It is responsibility of the requesting authority, to inform the applicant and the breeder of this official request).

2.2 In advance payment

Upon receipt of the application CRA-SCS will request an advance payment of 240,00 Euro per variety (be sure all the relevant details are correctly indicated in the application).

Feel free to notify by e-mail or fax copy of the bank receipt for payment to speed up the following step.

As soon as CRA-SCS receives confirmation of the payment the DUS report will be sent by email (PDF format) and also by ordinary post to the requesting DA (copy to the interested seed company only by mail).

3 Provide a variety description

3.1 Application

The application may be submitted by the seed companies for the purpose of certification or multiplication as requested by the Designated Authority.

The application shall include the following information:

- Name of the applicant:
- Address:
- Contact person:
- Telephone number:
- Fax number:
- E-mail:
- Species (botanical name):
- Species (common name):
- Denomination of the variety (as listed in Italy):
- Intended use for the description:
- Details for invoicing (Company name, delivery address and VAT number):



The application shall be sent, preferably by email, to:

scs@entecra.it

You might use ordinary post send the application to

CRA-SCS

Direzione

Via Ugo Bassi 8

20159 – MILANO

Italy

The application can be sent also by fax to the following number:

+39 0269012049

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3.2 In advance payment

Upon receipt of the application CRA-SCS will request an advance payment of 20,00 Euro (+ VAT if prescribed).

(see chapter X – page 7 at this link <http://scs.entecra.it/tariffe/TARIFFARIO%202015.pdf> for possible update of the fee)

Feel free to notify by e-mail or fax copy of the bank receipt for payment to speed up the following step.

As soon as CRA-SCS receives confirmation of the payment the description will be sent by email (PDF format) and ordinary post to the applicant.

UPOV – Request for the DUS Report

1. ***Requesting authority:**
 2. **Reference number of requesting authority:**
 3. **Breeder's reference:**
 4. **Date of application in requesting State:**
 5. ***Applicant (name address, contact person email, phone, fax,):**
-
6. ***Botanical name of taxon:**
 7. **Common name of taxon:**
 8. ***Variety denomination:**
 9. ***Breeder (name address):**
 10. ***We would be grateful to receive the report on the examination of the above mentioned variety. It will be needed for an application.**
 - a) For protection
 - b) For registration in the list of varieties
 11. **A copy of the technical questionnaire filled in by the breeder is attached**
 12. **According to our information, prior application(s) for the same variety has (have) been made in:**
 13. **Testing station(s) and place(s):**
 14. **Period of testing:**
 15. **Date and place of issue of document:**
 16. **Details for invoicing (Company name, delivery address, and VAT number) :**
- *Date:**

Signature: _____

Contact person of the requesting Authority (name, email, phone, fax):

(N.B. in case of application for registration purpose provide in at least information identified by an asterisk)