

**USDA, Agricultural Marketing Service
Science and Technology Program
Plant Variety Protection Office
1400 Independence Avenue, SW
Room 4512-South Building, Mail Stop 0274
Washington, DC 20250-0002
(202) 260-8983**

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The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on the Credit Card Payment Form (ST 471). Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the authority for the collection of this information is 15 U.S.C. § 1113 or 35 U.S.C. § 41 and 37 CFR 1.16-1.28, 1.492, or 2.6-2.7; (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the PVPO to charge the appropriate fee amount to the appropriate credit card account. If you do not furnish the requested information, the PVPO may not be able to charge the fee to the credit card or the credit card institution may refuse to accept the charge, either of which will result in the fee being treated as not having been paid.

Instructions for completing the Credit Card Payment Request Form

- PVPO does accept debit cards or check cards that require use of a personal identification number as a method of payment.
- Enter all credit/debit card information including the payment amount to be charged to your credit card and remember to sign the form. The Plant Variety Protection Office (PVPO) cannot process credit card payments without an authorized signature.
- Please list each service separately. Payment must be received in the PVP Office prior to performance of the service. Send your request directly to a secure fax line at 202-260-8976 or call the office at 202-260-8983. Ask to speak to the collections representative. You have the option to phone, fax, or mail your CREDIT CARD information (Visa, Master Card, Discover, and American Express).
- In order to process a credit card transaction we require that you provide us with the 3-digit code found on the back of the card. For security reasons, please include this information by either calling the office at 202-260-8983 or by sending it via email to PVPOmail@usda.gov.
- For a full explanation of fees, see the Regulations and Rules of Practice under the Plant Variety Protection Act, especially Section 97.175.

Fee Schedule - The listed fees are from the fee schedule in effect on October 17, 2005.

Service	Cost	Unit
1. Filing appeal to the Secretary	\$4,942.00	Per application/certificate
2. Filing a protest to the Commissioner	\$4,118.00	Per application/certificate
3. New application filing plus examination fees	\$4,382.00	Per application
4. Certificate issuance fees	\$768.00	Per application
5. Submission of new data after recommendation to issue but before issuance	\$432.00	Per application
6. Revival of abandoned application	\$518.00	Per application
7. Correcting or re-issuance of a certificate	\$518.00	Per certificate
8. Additional fee for reconsideration	\$518.00	Per application
9. Granting of extension	\$89.00	Per application/certificate
10. Recordation fee	\$41.00	Per application/certificate
11. Copies of color photographs	\$41.00	Per application/certificate
12. Late fee	\$41.00	Per application/certificate
13. Seed replenishment fee	\$38.00	Per application/certificate
14. Copies	\$1.80	Per page of material
15. Additional fee for authentication of copies	\$1.80	Per page of material
16. Field inspection or other services requiring travel	Actual costs	
17. Other services, including training classes	\$107.00	Per hour, and per examiner

Request for Services

Plant Variety Protection Office

USDA, AMS, S&T
1400 Independence Avenue, SW
Room 4512-South Building, Mail Stop 0274
Washington, DC 20250-0002
Phone 202-260-8983 Fax 202-260-8976
E-mail: PVPOMail@ams.usda.gov

Date: _____
(Month/Day/Year (ie. 03/15/2005))

Credit Card and/or ACH Debit Information (By Phone, Fax, or Paper Mail):

Account Holder's Name: _____

(Please Type or Print Name as it appears on Account)

Account Type: _____ Expiration Date: _____

(Credit Card or Debit Card)

Account Number: _____ 3-Digit Code: _____

Routing Number: _____ Check Number: _____

Billing Address: _____

Address Line 2: _____

City, State, Zip Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____

Account Holder's Signature: _____

Requested on Behalf of: (skip if same as Account Holder)

Name: _____

Company Name: _____

Street Address: _____

City, State, Zip Code: _____

Country: _____

Phone: _____

Fax: _____

Email: _____

Service Requested	PV Number	Crop Kind/Species	Variety name/Designation	Copies (# of Pages)	Unit Price	Total
					Total:	

For Plant Variety Protection Office Use Only:

Date Paid: _____

Agency Tracking ID: _____

Amount Paid: _____

Confirmation No: _____

PVP Personnel: _____