



PIONEER.

TRIALS Reporting Location Report

Directions to complete form are on the reverse.

Sales Rep: BOS

Name: V WYK

Residence City: _____

Experiment: _____

Tracking Name: _____

Business Partner ID: _____

Province: _____ Postal Code: _____ County: _____

Trial Loc: Lat: _____ Long: _____ Province: _____ Postal Code: _____ County: _____

Trial Type: Genetic Agronomic Courtesy

Irrigation (check one): None Limited Full

Tillage (check one): Conservation Strip Courtesy
 Conventional Mulch No-Till

Fungicide (check one): Yes No

Water Stress (check one): Low Medium High
 Extreme

Insecticide (check one): Yes No

NPK with Timing: _____

Soil Texture: Clay Clay Loam Silt Loam Sandy Loam

No. Rows Harvested: _____

Weighing Device (check one): Weighed Yield Monitor

Comments: _____

Additional Location Traits: _____

Yield = (100 - Moisture) x (Lbs. of Grain) x (Factor) + (Harvested Width in Inches) Not applicable if weighed with Yield Monitor

Brand	Product	Subproduct/ Seed Treatment	Other Factors	Planting Rate	Yield Monitor		Weighed		Harvested			Test Weight (Lbs.)	Harv Stand (1/1000 acre)
					Yield	MST%	Yield	MST%	Not Required for Yield Monitor				
									WT. (Lbs.)	Length (Fl.)	Width (In.)		
1	Blaze						110.8	14.5	6850	1167	480	456	1
2	R74						100.8	14.8	6500	1167	480	486	474
3													3
4													4
5	R74						97.02	14.2	2810	528		474	5
6	654						93.8	14.4	2620	528		924	456
7													7
8													8
9													9
10													10

ONE BOX MUST BE CHECKED

- Yes No
- Yes No

Business Partner hereby grants Pioneer Hi-Bred International, Inc permission to use the above information for any individual location data published by the company.
 Business Partner hereby grants Pioneer Hi-Bred International, Inc permission to use and publish the above information in any media for any lawful purpose, including use in marketing and promotional materials.

Weighing Representative Signature: _____

Business Partner Signature: _____