

Technical Questionnaire

To be completed in connection with an application for plant variety rights.

Plant Variety Rights. *Protecting new plant varieties.*

1. Species: Potato (*Solanum tuberosum* L.)

2. Owner of Variety:

Full name _____

Address _____

(If different from owner)

Breeder's name and address _____

3. Proposed denomination or breeder's reference:

Proposed denomination _____

Breeder's reference _____

4. Information on the breeding scheme and propagation of the variety

a) Breeding scheme: Variety resulting from:

Crossing:

Controlled cross (*Please state parent varieties*)

Partially known cross (*Please state parent varieties*)

Unknown cross (*Please state parent varieties*)

Mutation (*Please state parent varieties*)

Discovery and development

Where: _____

When: _____

Other (*Please provide details*)

b) Method of propagating the variety:

Vegetative propagation

- Tuber (
- Other (*Please state method*)

- Other (*Please provide details*)

5. Characteristic of the variety. The number in brackets refers to the corresponding characteristic in Test Guidelines: (*Mark the state of expression which best corresponds*)

a) (4) Lightsprout: Proportion of blue in anthocyanin coloration of base

- absent or low 1
- medium 2
- high 3

b) (29) Plant: Frequency of flowers:

- absent or very low 1
- low 3
- medium 5
- high 7
- very high 9

c) (33) Flower corolla: Intensity of anthocyanin colouration on inner side:

- absent or very weak 1
- weak 3
- medium 5
- strong 7
- very strong 9

(34) Flower corolla: Proportion of blue in anthocyanin coloration on inner side:

- absent or low 1
- medium 2
- high 3

- d) (36) Plant: Time of maturity:
- | | | |
|--------------------------|------------|---|
| <input type="checkbox"/> | very early | 1 |
| <input type="checkbox"/> | early | 3 |
| <input type="checkbox"/> | medium | 5 |
| <input type="checkbox"/> | late | 7 |
| <input type="checkbox"/> | very late | 9 |
- e) (37) Tuber: Shape:
- | | | |
|--------------------------|------------|---|
| <input type="checkbox"/> | round | 1 |
| <input type="checkbox"/> | short-oval | 2 |
| <input type="checkbox"/> | oval | 3 |
| <input type="checkbox"/> | long-oval | 4 |
| <input type="checkbox"/> | long | 5 |
| <input type="checkbox"/> | very long | 6 |
- f) (39) Tuber: Colour of Skin:
- | | | |
|--------------------------|---------------------|---|
| <input type="checkbox"/> | light beige | 1 |
| <input type="checkbox"/> | yellow | 2 |
| <input type="checkbox"/> | red | 3 |
| <input type="checkbox"/> | red parti-coloured | 4 |
| <input type="checkbox"/> | blue | 5 |
| <input type="checkbox"/> | blue parti-coloured | 6 |
| <input type="checkbox"/> | reddish brown | 7 |
- g) (40) Tuber: Colour of base of eye:
- | | | |
|--------------------------|--------|---|
| <input type="checkbox"/> | white | 1 |
| <input type="checkbox"/> | yellow | 2 |
| <input type="checkbox"/> | red | 3 |
| <input type="checkbox"/> | blue | 4 |
- h) (41) Tuber: Colour of flesh:
- | | | |
|--------------------------|---------------|---|
| <input type="checkbox"/> | white | 1 |
| <input type="checkbox"/> | cream | 2 |
| <input type="checkbox"/> | light yellow | 3 |
| <input type="checkbox"/> | medium yellow | 4 |
| <input type="checkbox"/> | dark yellow | 2 |
| <input type="checkbox"/> | red | 3 |

- red parti-coloured 4
- blue 2
- blue parti-coloured 4

6. Similar varieties and differences from these varieties:

(Please use the following table and box for comments to provide information on how your candidate variety differs from the variety(ies) which, to the best of your knowledge, is (or are) most similar. This information may help the PVR Office to conduct its examination of distinctness in a more efficient way.)

Denomination(s) of variety(ies) similar to yours.	Characteristic(s) (e.g. plant height) in which the similar variety differs from yours.	Describe the expression of the characteristic(s) for the similar variety (e.g. short).	Describe the expression of the characteristic(s) for your variety (e.g. tall).
Comments:			

7. Additional information which may help in the examination of the variety:

- a) In addition to the information provided in Sections 5 and 6, are there any additional characteristics which may help to distinguish the variety?

Yes No

If yes, please provide details:

- b) Are there any special conditions or requirements (media, soils, climate, greenhouse) for growing the variety or conducting the examination?

Yes No

If yes, please provide details:

- c) If the variety is from overseas complete this section: *(Please tick the appropriate box)*

Plant material has been released in New Zealand from quarantine and tubers should be available for inclusion in PVR central trials by

(Year) _____



Plant material has not yet been imported into New Zealand.

If so when do you expect importation to occur:

(Day) _____ (Month) _____ (Year) _____

d) Imported seed:

Has the seed supplied with the application been imported?

Yes No

If "yes", please include with this application a copy of the latest MAF Biosecurity Authority Clearance Certificate (BACC).

8. Authorisation for release:

a) Does the variety require prior authorisation for release under legislation concerning the protection of the environment, human and animal health?

Yes No

b) Has such authorisation been obtained?

Yes No

If the answer to b) is yes, please attach a copy of such an authorisation.

Signed by:

Please print name

Signature

Dated this _____ of _____
(day) (month) (year)