



European Union
Community Plant Variety Office

TECHNICAL QUESTIONNAIRE

to be completed in connection with an application for Community Plant Variety Rights
Please answer all questions. A question without any answer will lead to a non-attribution
of an application date. In cases where a field / question is not applicable, please state so.

1. **Botanical taxon:** Name of the genus, species or sub-species to which the variety belongs and common name

Lolium multiflorum Lam.

ITALIAN RYEGRASS

2. **Applicant(s):** Name(s) and address(es), phone and fax number(s), Email address, and where appropriate name and address of the procedural representative

3. **Variety denomination**

a) Where appropriate proposal for a variety denomination:

b) Provisional designation (breeder's reference):

4. Information on origin, maintenance and reproduction of the variety

4.1 Origin

- (a) Seedling (indicate parent varieties).....

- (b) Mutation (indicate parent variety)

- (c) Discovery (indicate where, when
and how the variety has been developed):.....

- (d) Other (please specify).....

4.2 Method of propagation

- (a) Cuttings.....
- (b) *In vitro* propagation
- (c) Seed
- (d) Other (please specify):

4.3 Other information:

In the case of seed propagated varieties: method of production:

- (a) Self-pollinated
- (b) Cross-pollinated (please give details).....

- (c) Hybrid (please give details).....

4.4 Geographical origin of the variety: the region and the country in which the variety was bred or discovered and developed

4.5 Shall the information on data relating to components of hybrid varieties including data related to their cultivation be treated as confidential?

YES

NO

If yes, please give this information on the attached form for confidential information.

If no, please give information on data relating to components of hybrid varieties including data related to their cultivation:

Breeding scheme (indicate female component first)

5. Characteristics of the variety to be indicated (the number in brackets refers to the corresponding characteristic in UPOV Guidelines. please mark the state of expression which best corresponds).		
Characteristics	Example varieties	Note
5.1 (1) Ploidy		
diploid	Frances (Lp); Lemtal (Lm)	2
tetraploid	Condesa (Lp); Sabalan (Lm)	4
5.2 (4) Time of inflorescence emergence in year of sowing		
very early		1
early	Lirasand (Lm)	3
medium	Merwester (Lm)	5
late	Avance (Lm)	7
very late		9
5.3 (8) Time of inflorescence emergence in 2nd year		
very early	Gremie (Lp)	1
early	Barvestra (Lp); Wilo (Lm)	3
medium	Talbot (Lp); Lemtal (Lm)	5
late	Parcour (Lp); Tribune (Lm)	7
very late	Baltic (Lp)	9
5.4 (12) Stem: length on longest stem (inflorescence included, when fully expanded)		
very short		1
short	Elka (Lp)	3
medium	Vigor (Lp)	5
long	Meltra (Lp)	7
very long	Lipo (Lm)	9

8. GMO-information required

The variety represents a Genetically Modified Organism within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001.

YES

NO

If yes, please add a copy of the written attestation of the responsible authorities stating that a technical examination of the variety under Articles 55 and 56 of the Basic Regulation does not pose risks to the environment according to the norms of the above-mentioned Directive.

9. Information on plant material to be examined

9.1 The expression of a characteristic or several characteristics of a variety may be affected by factors, such as pests and disease, chemical treatment (e.g. growth retardants or pesticides), effects of tissue culture, different rootstocks, scions taken from different growth phases of a tree, etc.

9.2 The plant material should not have undergone any treatment which would affect the expression of the characteristics of the variety, unless the competent authorities allow or request such treatment. If the plant material has undergone such treatment, full details of the treatment must be given. In this respect, please indicate below, to the best of your knowledge, if the plant material to be examined has been subjected to:

- | | | |
|---|-----|----|
| (a) Microorganisms (e.g. virus, bacteria, phytoplasma) | Yes | No |
| (b) Chemical treatment (e.g. growth retardant or pesticide) | Yes | No |
| (c) Tissue culture | Yes | No |
| (d) Other factors | Yes | No |

Please provide details of where you have indicated "Yes":

I/we hereby declare that to the best of my/our knowledge the information given in this form is complete and correct.

Date

Signature

Name

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