



Technical questionnaire

Celeriac

Version 7

Mandatory fields or sections are marked with an asterisk (*)

01 . Botanical taxon: name of the genus, species or sub-species to which the variety belongs:

Apium graveolens L. var. *rapaceum* (Mill.) Gaud

02 . Application code:

For office use only

03 . Breeder's reference:

Breeder's Ref.

04 . Information on the breeding scheme and propagation of the variety *

04 . 01 . Type of material: *

- 1 - hybrid
- 2 - cross-pollinated variety
- 3 - self-pollinated variety
- 4 - parent line

04 . 02 . Method of propagation of the variety: *

- 1 - seed propagated
- 2 - vegetatively propagated

04 . 03 . Seed propagated varieties: *

(this question could be confidential)

- 1 - cross-pollination
- 2 - hybrid
- 3 - other

04 . 04 . Vegetative propagated varieties *

- 1 - cuttings
- 2 - in vitro propagation
- 3 - other (state method):

05 . Characteristics *

(the number in brackets refers to the corresponding characteristic in the CPVO Technical Protocol; please mark the state of expression which best corresponds).

05 . 01 . Plant: height (1) *

- 1 - very short
- 2 - very short to short
- 3 - short
- 4 - short to medium
- 5 - medium
- 6 - medium to tall
- 7 - tall
- 8 - tall to very tall
- 9 - very tall

05 . 02 . Foliage: attitude (2) *

- 1 - erect
- 2 - erect to semi-erect
- 3 - semi-erect
- 4 - semi-erect to horizontal
- 5 - horizontal

05 . 03 . Foliage: green coloration of fully developed leaves (5) *

1 - very light

2 - very light to light

3 - light

4 - light to medium

5 - medium

6 - medium to dark

7 - dark

8 - dark to very dark

9 - very dark

05 . 04 . Petiole: anthocyanin coloration (11) (G) *

1 - absent

9 - present

05 . 05 . Leaf blade: size of terminal leaflet (12) *

1 - very small

2 - very small to small

3 - small

4 - small to medium

5 - medium

6 - medium to large

7 - large

8 - large to very large

9 - very large

05 . 06 . Leaflet: shape of tips on margin (13) *

1 - pointed

2 - intermediate

3 - rounded

05 . 07 . Leaflet: spacing of lobes (15) *

1 - not touching

2 - touching

3 - overlapping

05 . 08 . Tuber: size (16) *

1 - very small

2 - very small to small

3 - small

4 - small to medium

5 - medium

6 - medium to large

7 - large

8 - large to very large

9 - very large

05 . 09 . Tuber: main color of skin (18) *

1 - whitish

2 - brown

05 . 10 . Tuber: insertion of roots (20) *

1 - very low

2 - very low to low

3 - low

4 - low to medium

5 - medium

6 - medium to high

7 - high

8 - high to very high

9 - very high

05 . 11 . Tuber: shape in longitudinal section (23) *

1 - broad elliptic

2 - round

3 - transverse broad elliptic

4 - truncate conical

5 - flattened truncated conical

05 . 12 . Tuber: color of flesh (24) *

1 - white

2 - ivory

05 . 13 . Male sterility *

1 - absent

9 - present

05 . 13.1 . Male sterility *

CMS/other: *

06 . Similar varieties and differences from these varieties**06 . 1 . Are there any similar variety(ies) known? ***

1 - yes

2 - no

06 . 2 . Similar varieties and differences from these varieties: *

| Denomination of similar variety | Characteristic in which the similar variety is different | State of expression of similar variety | State of expression of candidate variety |
|---------------------------------|--|--|--|
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07 . Additional information which may help to distinguish the variety ***07 . 01 . Resistances to pests and diseases ***

1 - yes (please specify):

2 - no

07 . 02 . Special conditions for the examination of the variety *

1 - yes (please specify):

2 - no

07 . 03 . Other information *

1 - yes (please specify):

2 - no

08 . GMO-information requested**08 . a . The variety represents a genetically modified organism (GMO) within the meaning of Article 2(2) of Council Directive EC/2001/18 of 12/03/2001 which requires authorization for release in the environment: ***

1 - yes

2 - no

08 . b . If yes, has such authorization been obtained? *

1 - yes

2 - no

08 . c . If yes, please attach a copy of such an authorization *

DECLARATIONS *

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

Place

Date

Name

Signature