

CONSERVATION STEWARDSHIP PROGRAM (CSP)

Control of Land Certification

Landowner and Land Information:

Land Owner Name (print name as it appears on FSA Farm Records):

FSA Farm and Tract numbers (as listed on FSA Farm Records):

Located in _____ County

Certification of Control:

I certify that I am the legal owner of the Tract(s) above or in the case of land having multiple owners that I have authority to certify on behalf of all owners; and that the person or entity listed below will have control of this land for the life of the proposed CSP contract which will be through 2014:

(print CSP participant name as it appears on FSA records)

Land Owner Signature

Date