

ENVIRONMENTAL QUALITY INCENTIVES PROGRAM (EQIP) Control of Land Certification
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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, and that the person or entity listed below will have control of this land for the life of the proposed EQIP contract number 740546 _____:

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

Concurrence on Structural or Vegetative Practices:

I concur that the above listed EQIP participant having control of my land also has my permission to install on my land any structural or vegetative practice(s) needed to treat the resource concerns identified in the application and ranking. I understand the EQIP contract will require that such practice(s) will be operated and maintained to achieve the intended level of resource treatment for the lifespan of the practice(s), as specified in the NRCS Field Office Technical Guide.

Land Owner Signature

Date