

**504.99 TSP Certification of Services Provided NY NRCS**

**Technical Service Provider  
Certification of Services Provided**

Please submit the completed worksheet to your customer who will provide it to the local NY NRCS field office. Your input declares that installed practices meet NY NRCS Standards and Specifications and improves the accuracy of the NRCS reporting system. Any supporting data needs to be attached i.e. as built drawings, plans, photos, etc.

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Farm Bill Program: \_\_\_\_\_  
Contract Number: \_\_\_\_\_ Contract Item Number(s): \_\_\_\_\_

**TECHNICAL SERVICE PROVIDER INFORMATION**

Name: \_\_\_\_\_ TSP Number: \_\_\_\_\_  
Address: \_\_\_\_\_ TSP Expiration Date: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ County of Service: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PRACTICES INSTALLED / COMPLETED**

Practice Information			TSP Costs		
Practice Name/Code	Units	Installed Amount	Design	Installation	Checkout

I hereby certify that the technical services I provided as a Technical Service Provider:

1. Comply with all applicable Federal, State, Tribal, and Local laws and requirements,
2. Meet applicable USDA-NRCS conservation practice standards, specifications, and program requirements,
3. Are consistent with and meet the particular conservation program goals and objectives,
4. Incorporate, where appropriate, low-cost alternatives that address the resource issues.

\_\_\_\_\_  
*Technical Service Provider Signature* \_\_\_\_\_  
*Date*

**To Be Completed By Landowner**

I confirm that the practice(s) above have been installed for the identified contract and farm bill program with the assistance of this Technical Service Provider.

\_\_\_\_\_  
*Landowner Signature* \_\_\_\_\_  
*Date*