

**Control of Land Certification by Landowner
Conservation Stewardship Program**

LAND UNIT DESCRIPTION:

Farm _____ Tract _____ S _____ T _____ R _____ County _____

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Farm _____ Tract _____ S _____ T _____ R _____ County _____

Farm _____ Tract _____ S _____ T _____ R _____ County _____

For the above described land unit(s), I provide my assurance that my Tenant, _____, will have control of this land. My Tenant has the authority to act as decision maker for the management and operation of this land for the purpose of satisfying the terms and conditions of the CSP contract with the Natural Resources Conservation Service for the proposed contract period of _____ years.

I understand that all conservation practices installed through this conservation program contract must be maintained for the lifespan of the practice(s).

I understand that, if approved for a contract, my Tenant may receive payments for the installation of conservation practices and enhancement activities.

Landowner Signature _____ Date _____

Landowner Signature _____ Date _____