Signatures for Plan Approval

Landowner
I/we reviewed this plan and it addresses my/our management objectives. I/we intend to follow the plan as good stewards of the land.

___________________________  ___________________________  __________
Landowner signature  Landowner signature  Date

Forest Stewardship Plan  Forest Stewardship Number:  ________  Date Certified:  __________
☐ I would like to participate in the Forest Stewardship Program and understand that participation requires monitoring by the Idaho Department of Land’s Bureau of Forestry Assistance or designee and will update the plan as needed. (Landowner initials in box)

I certify that this plan meets the requirements of the National and Idaho Forest Stewardship Program.

__________________________  ____________________________  __________
Idaho State Forestry Representative Name  Signature  Date

Email ________________________________  Phone __________________

NRCS Forest Management Plan
☐ I would like to participate in NRCS Incentive Programs, and apply my/our FSP/TF plan as the required EQIP forest management plan. (Landowner initials in box)

I certify that this forest management plan meets the requirements to apply and participate in the USDA/NRCS Environmental Quality Incentives Program (EQIP).

__________________________  ____________________________  __________
District Conservationist Name  Signature  Date

Email ________________________________  Phone __________________

Tree Farm Plan  Certified Tree Farm Number:  ________  Date Certified:  __________
☐ I would like to participate in the American Tree Farm Program and understand that participation requires monitoring by an ATFS Inspecting Forester to certify that performance measures meet ATFS standards and will update the plan as needed. (Landowner initials in box)

I certify that this plan meets the requirements of the American Forest Foundation’s American Tree Farm System.

__________________________  ____________________________  __________
ATFS Inspecting Forester Name  Inspector #  Signature  Date

Email ________________________________  Phone __________________