

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 _____