



**Maryland Department of Agriculture  
MARYLAND AGRICULTURE WATER QUALITY COST SHARE PROGRAM  
CERTIFICATE OF SOLE PROPRIETORSHIP**

I CERTIFY THAT \_\_\_\_\_,  
NAME OF ENTITY

\_\_\_\_\_, is a sole proprietorship and I am the only signer.  
SOCIAL SECURITY/FEDERAL TAX ID #

\_\_\_\_\_  
SIGNATURE OF SOLE OWNER OF ENTITY

\_\_\_\_\_  
PRINTED NAME OF SOLE OWNER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE