Maryland Department of Agriculture
CERTAINTY AGREEMENT INTER-FAMILY TRANSFER FORM
MARYLAND AGRICULTURAL CERTAINTY PROGRAM

This INTER-FAMILY TRANSFER is made on this _____day of ________, 20____,
by __________________________________________________________. I/We do hereby transfer the Certainty
Agreement # ______________________ to __________________________________________________________,
who will be taking over my agricultural operation and become responsible for all of the Certainty
Program requirements for the duration of the contract ending on ___/___/____.

New Operators Information:

Name : __________________________________________________________
Mailing Address: __________________________________________________
Phone Numbers: home: ___________________cell: _______________________

Signature of Operator, Grantor
The above operator certifies that she or he has the
authority to execute this transfer of the Certainty
Agreement to a qualifying family member.

Original Certainty Operator Name
(type or print clearly)

Signature of Grantee to Certainty Agreement

State Family Relation: ______________________

Subscribed and Sworn before me, a Notary Public, this ________day of ________, 20____.

Notary Signature

Notary Name typed or printed clearly

My commission expires:

8/2015