



## MARYLAND'S AGRICULTURAL CERTAINTY PROGRAM

### Pre-Application and Eligibility Checklist

This form will be used as a notice of intent by the applicant and will be submitted to Maryland Department of Agriculture for consideration in the Maryland Certainty Program. This form will be used to determine eligibility and will initiate the Certainty review process. Please select the type of review you desire: **“Full Certainty”** (10 year Program) or a **“Farm Evaluation Only”** (Check to see if farm meets current TMDL baseline today).

Operator's Name:	County:
Phone: Home ___ - ___ - _____ Cell ___ - ___ - _____	Farm #:
Address:  (Mailing Address)	Tract #:
	Map/Parcel: /
(Parcel Address if different than mailing address)	Parcel Acres:
Type of review requested (check one) <input type="checkbox"/> <b>“Full Certainty”</b> OR <input type="checkbox"/> <b>“Farm Evaluation Only”</b>	
1. Are you a person who operates a farming operation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Are you applying for an entire farm parcel? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>NOTE : An entire farm parcel is required. You do not need to include all farm parcels under your management. Please attach a map of the parcel.</b>	
A. Are you applying for more than one farm parcel? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>NOTE : If “Yes”, complete additional farm parcel information on page 2.</b>	
3. Is any part of this farming parcel defined as a CAFO? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>NOTE : You are not eligible for this program if you are part of a CAFO or in the process of applying for a CAFO.</b>	

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**Operators Affidavit**

I understand that by submitting this Pre-Application, I have voluntarily started the process to become a Maryland Certified Certainty Farm. This document serves as a notice of intent and may be withdrawn at any time. I furthermore, have the authority to sign this Pre- Application, as well as all proceeding documents on behalf of the operation. **Please note: If the farm is owned by a company, corporation, partnership or any other legal entity, please attach a Certificate of Resolution indicating that you are authorized to sign on the entity's behalf.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name(Print): \_\_\_\_\_

Title: \_\_\_\_\_

***Please do not fill out table below unless you are applying for more than one farm parcel.***

**ADDITIONAL FARM PARCEL INFORMATION**

*Only fill in if you are applying for more than one farm parcel.*

Address	Farm/ Tract	Map/ Parcel	Parcel Acres
	/	/	
	/	/	
	/	/	
	/	/	
	/	/	
	/	/	
	/	/	
	/	/	
	/	/	

*NOTE: Please attach a map for each additional farm parcel in this list.*