



**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

This certificate will expire on ____/____/____, five years after the date of authorized signature.