



Wisconsin Dept. of Agriculture Trade and Consumer Protection
 Agricultural Resource Management Division
 PO Box 8911
 Madison, WI 53708-8911
 (608)224-4634



C1. LCD USE ONLY LCD RECEIVED DATE ___/___/___ FSA FARM Number _____
C2. DATCP USE ONLY DATCP RECEIVED DATE ___/___/___ OWNER CODE _____ AGREEMENT CODE _____ VENDOR ID NUMBER _____

Application for:
CONSERVATION RESERVE ENHANCEMENT PROGRAM

Section 93.70, Wisconsin Statutes

GENERAL INFORMATION

1. Land is owned by (check one) Individual Corporation Partnership Trust Other

2. Owner(s) Name:

LAST FIRST Middle Initial

OR LAST FIRST Middle Initial

Name of legal owner other than individuals

3. Address:

STREET APT

PO BOX CITY

STATE COUNTRY ZIP

4. Telephone Number: - -

4a. Fax Number - -

4b. E-Mail

PROJECT LOCATION INFORMATION

5. COUNTY

Note: Separate applications must be made for enrolling lands in two or more counties. If you are anticipating enrolling lands in two or more towns in the same county, separate the parcels by town. Attach additional sheets, if necessary.

6. CITY VILLAGE TOWN

Of _____

6a. CITY VILLAGE TOWN

Of _____

7. TOWNSHIP _____ RANGE _____

SECTION _____ 1/4 SECTION _____ 1/4 SECTION _____

7a. TOWNSHIP _____ RANGE _____

SECTION _____ 1/4 SECTION _____ 1/4 SECTION _____

8. FSA TRACT #

8a. FSA TRACT #

(Choose One)

9. RIPARIAN PROJECT AREA

10. GRASSLAND PROJECT AREA

(Choose One)

9a. RIPARIAN PROJECT AREA

10a. GRASSLAND PROJECT AREA

11. ESTIMATED ACRES

(Choose One)

12. 15 YEAR AGREEMENT

13. PERPETUAL CONSERVATION EASEMENT

11a. ESTIMATED ACRES

(Choose One)

12a. 15 YEAR AGREEMENT

13a. PERPETUAL CONSERVATION EASEMENT

SIGNATURES

ACKNOWLEDGEMENTS: I am applying for a 15-year agreement or a perpetual conservation easement from the Conservation Reserve Enhancement Program. I understand that the purpose of this program is to improve water quality and enhance wildlife habitat. I also understand that signing this application does not obligate me to participate in the program nor does it obligate the Wisconsin CREP to make payments to me until a valid agreement or easement is executed. I authorize the Wisconsin Conservation Reserve Enhancement Program to begin the eligibility determination process for my property. I understand that the Farm Service Agency will determine my initial eligibility and that signing this application does not constitute an eligibility determination. I also understand that I must execute a CRP-1 and CRP-2 form with the Farm Service Agency and complete an approved conservation plan prior to executing a State 15-year agreement or a perpetual conservation easement. If I am eligible, for a PERPETUAL CONSERVATION EASEMENT, I understand that I must have a title search of the property completed to disclose ownership and encumbrances on the lands submitted in this application. I also am aware that withdrawal of the application at any time during the title search obligates me to pay for all title search costs.

14. DECLARATION: I declare that this application, including any accompanying information material, has been examined by me and to the best of my knowledge and belief is true and correct.

_____ SIGNATURE OF OWNER, PARTNER or OFFICER	_____ DATE
_____ TITLE or REPRESENTATIVE CAPACITY, AS APPLICABLE	
_____ SIGNATURE OF OWNER, PARTNER or OFFICER	_____ DATE
_____ TITLE or REPRESENTATIVE CAPACITY, AS APPLICABLE	

APPLICANTS FINAL CHECKLIST

- Are you aware the spouse's signature must be obtained for the agreement or easement ? Yes No
- Have you attached a completed W-9 form as part of this application ? Yes No
- Have you attached a copy of the most recent property tax statement for all parcels ? Yes No
- Have you attached an aerial photo, map, plat or other instruments indicating boundaries, natural or man-made features such as lakes, ponds, swamps, rivers, streams, wood lots, roads (named), structures such as barns, houses and storage facilities, power lines, fences, lot lines and field number delineations? The FSA orthophoto delineation of the project area is acceptable. Yes No