Previous Land Manager Affidavit

Electronic versions available at agrorganic@mt.gov

Applicant Information		
Applicant		
Legal Description of Property (Township – Range – Section)		Field Number(s)
Previous Land Manager Name		
Previous Land Manager Mailing Address		
City	State	Zip
Previous Land Manager Phone Number(s)		

As the previous land manager, when did you manage this land?
Start Date (Month/Year): End Date (Month/Year):

New Manager Start Date: (Month/Year):

List all materials applied to the property in the *last three years*.
This list should include fertilizers, herbicides, pesticides, fungicides and seed treatments.

Date & Year Applied	Field and Area Applied	Material Applied (Brand Name if Applicable)

Signature Box
I certify that the information provided is correct with regards to the management of the property described above.
Signature of Previous Land Manager:
Printed Name: Date: