MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER CONSERVATION PROGRAM

COOPERATOR AUTHORIZATION FORM

*CHECK ONE
☐ OPERATOR (AS LISTED WITH FSA)
☐ OPERATOR AND LEGAL LANDOWNER

COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)

*COOPERATOR NAME AS LISTED IN MOSWIMS			
*ADDRESS	*CITY	*STATE	*ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE

*COOPERATOR SIGNATURE	*DATE
*PRINTED NAME	

LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340,N590, AND N595)

*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED

*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
	☐ YES	☐ NO
	☐ YES	☐ NO
	☐ YES	☐ NO
	☐ YES	☐ NO

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER

LEGAL LANDOWNER ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	EMAIL		

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on _____/__/_____.

LEGAL LANDOWNER SIGNATURE	DATE
PRINTED NAME	

*REQUIRED FIELD