



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	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> 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 cooperators to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperators 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