Operator Authorization

This agreement is made this _____ day of ____________ , __________ ,
between ____________________________________________ (landowner) and
______________________________________________ (operator).

1. Landowner is owner of real property legally described as:(Total acres, Township, Range, Section, Tract # and Farm #)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Operator operates farm located on certain real property legally described as: (Total acres, Township, Range, Section, Tract # and Farm #)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. The landowner authorizes the operator to participate in the following practices on the property described in item number (2) on this form. The landowner forgoes his/her opportunity to participate in practices on the property described in item number (2) on this form. The landowner hereby authorizes the operator to receive incentive payments for the practices indicated below:

☐ N590 Nutrient Management
☐ N595 Pest Management
☐ N340 Cover Crop-Practice

4. The operator will receive the incentive payment and a 1099 Form from the State of Missouri for participation in these incentive practices.

5. The term of this agreement is for _________ year(s) beginning on __________________ and ending on __________________ .

_________________________________________________________  _________________________
Landowner                                        Date

_________________________________________________________  _________________________
Operator                                          Date

_________________________________________________________  _________________________
SWCD Board Member                                Date