

**(WHIP)**  
**Control of Land Certification by Landowner**

**Land Unit Description**

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Farm # \_\_\_\_\_ Tract # \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

**For the above described land unit that I own, I hereby certify that my tenant,**

\_\_\_\_\_, **will have control of this land for the**

**purpose of satisfying the terms and conditions of a WHIP contract, for the proposed contract period of \_\_\_\_\_ years. I grant the applicant permission to install, operate and maintain the following practices:**

\_\_\_\_\_ **listed in the**

**WHIP contract.**

**I understand that these structural/vegetative/management practices must be maintained for the lifespan of the practice(s).**

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Landowner Signature \_\_\_\_\_ Date \_\_\_\_\_