

**Arizona Department of Agriculture  
Livestock Operator Fire and Flood Assistance Grant Program**

**LAND MANAGEMENT AGENCY VERIFICATION FORM**

**DIRECTIONS:** An authorized representative of the land management agency holding your public land permit/lease must fill out and sign this form. If you have more than one permit/lease that is associated with your operation, you must attach one form per permit/lease agreement (you may make copies of this form).

**LAND MANAGEMENT AGENCY:** \_\_\_\_\_

**NAME OF PERMITEE/LESSEE:** \_\_\_\_\_

**PERMIT/LEASE NUMBER:** \_\_\_\_\_

**Permittee/Lessee Compliance Status**

Has the above named permittee/lessee had any adverse actions on their permit within the last five years? If yes, please briefly describe the reason for the adverse action.

YES       NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permittee/Lessee Project Approval**

Has the above named permittee/lessee received approval by your agency to implement the infrastructure project for which they are applying?

YES       NOT AT THIS TIME       IN PROCESS

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I hereby certify that all information on this form is accurate and can be verified by land management agency records.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date