

**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 project for which they are applying?

☐ YES

☐ NOT AT THIS TIME

☐ IN PROCESS

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