**Forest Stewardship Certification Request Form**

***“Outstanding Woodland Steward”***

This form is required to request certification of a Forest Stewardship property via email submission. Add management practices/resource elements addressed in plan as necessary. Send completed form to Jonathan Murray at jonathan.murray@ncagr.gov.

**Landowner Name** *(as is appears in 4220)***:** Name

**Address:** Address **City:** City **State:** State **Zip:** Zip

**County:** County **4220 Tract ID:**  **Total** **Plan Acres:** Acres

**Phone Number:** (Home Phone) or (Work Phone)

**Email:** Email address

**Would landowner like to receive the Forest Stewardship newsletter via email? Yes or No**

**Date of Visit:** Date **Data Entry Date:** Date

**Practice Checklist for the Certification of Landowner or Tract Name \* Stewardship Forest \****As it should appear on certificate.*

*Forestry Practices Completed as Recommended in Plan*

* Click here to enter text.

*Other Forestry Practices Completed but not Recommended in Plan*

* Click here to enter text.

*Wildlife Practices Completed as Recommended in Plan*

* Click here to enter text.

*Other Wildlife Practices Completed but not Recommended in Plan*

* Click here to enter text.

*Soil and Water Practices Completed as Recommended in Plan*

* Click here to enter text.

*Other Soil and Water Practices Completed but not Recommended in Plan*

* Click here to enter text.

*Recreational Practices Completed as Recommended in Plan*

* Click here to enter text.

*Other Recreational Practices Completed but not Recommended in Plan*

* Click here to enter text.

*Forest Health Practices Completed as Recommended in Plan*

* Click here to enter text.

*Other Forest Health Practices Completed but not Recommended in Plan*

* Click here to enter text.

*Other Management/Resource Elements Completed*

* Click here to enter text.

**Recommend for Certification Based on Above Accomplishments:** Yes or No

**Signature:** **Date:** Date

**Form 4852-2, (2/2017)**