



COMMERCIAL FOREST FOREST MANAGEMENT PLAN & TIMBER RIGHTS CERTIFICATION

Required by authority of Part 511 of Act 451 of 1994, as amended. Failure to certify a forest management plan and/or ownership of timber rights will subject land to declassification from the CF program.

INSTRUCTIONS: This certification form must be completed on both sides by the Commercial Forest (CF) landowner(s), notarized and returned to the address shown on the reverse side. Please print or type.

PRIMARY CF LANDOWNER (WHERE OFFICIAL CORRESPONDENCE SHOULD BE SENT)	
Name	Home Telephone Number
Address	Work Telephone Number
City, State, ZIP Code	E-mail Address
Provide legal land description of your parcel (Sample: Iron County, T46N, R35W, Section 34, NE ¼ of SW ¼)	

FOREST MANAGEMENT PLAN CERTIFICATION		
As required by the CF Statute, I/We hereby certify that: I/We have a written forest management plan in effect for all CF lands described above. <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please explain below (owner explanation or comments)).		
My forest management plan was prepared and signed by the Registered Forester or Natural Resources Professional named below.		
Plan Writer's Name & Title	Telephone Number	
Address	Date Plan Signed by Plan Writer	Date Plan Expires
City, State, ZIP Code	Michigan Registered Forester Number (if applicable)	

TIMBER RIGHTS CERTIFICATION
As required by the CF Statute, I/We hereby certify that: I/We own the rights to the timber standing on the CF lands described above. <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please explain below (owner explanation or comments)).
Owner Explanation or Comments.

CERTIFICATION**(ALL OWNERS MUST SIGN IN PRESENCE OF NOTARY)**

I/We hereby certify to the best of my/our knowledge and belief, the foregoing Forest Management Plan and Timber Rights certification is true and correct. I/We also certify that I/We will fully comply with the CF Statute and its Administrative Rules for all lands that are listed under the Statute, and will devote these lands to Commercial Forest management.

Signed on this _____ day of _____, _____ at (City) _____ (State) _____

Signature of Primary Owner or Signature of Power of Attorney (submit copy of Power of Attorney)

Signatures of Additional Owners **(ALL owners must sign in presence of Notary Public.)**

Owner _____ Date _____ Owner _____ Date _____

Owner _____ Date _____ Owner _____ Date _____

NOTARY PUBLIC

STATE OF MICHIGAN (OR STATE OF) _____ COUNTY OF _____

ON THIS _____ DAY OF _____, _____ BEFORE ME THE UNDERSIGNED NOTARY PUBLIC WITHIN AND FOR THE SAID COUNTY DID

PERSONALLY APPEAR _____
(OWNER NAMES)

TO ME KNOWN TO BE THE SAME PERSON(S) WHO EXECUTED THE FOREGOING INSTRUMENT AND WHO ACKNOWLEDGED THE SAME TO BE (HIS/HER/THEIR) FREE ACT AND DEED.

NOTARY BLOCK (PLEASE PRINT OR TYPE)

Notary Name	Notary signature
Address	My Commission Expires
City, State & ZIP	Acting in county of:

Please make additional copies of this page, as needed, for notarized signature of all owners.

SEND THIS COMPLETED CERTIFICATION TO:

**MICHIGAN DEPARTMENT OF NATURAL RESOURCES
COMMERCIAL FOREST PROGRAM
FOREST RESOURCES DIVISION
PO BOX 30452
LANSING, MI 48909-7952**

DNR USE ONLY

Owner ID	Comments
DNR Date and Initials	