



COMMERCIAL FOREST FOREST MANAGEMENT PLAN CERTIFICATION

*Required by authority of Part 511 of Act 451 of 1994, as amended.
Failure to certify a forest management plan 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 DNR at the address shown on the reverse side. Please print or type.

PRIMARY CF LANDOWNER (WHERE OFFICIAL CORRESPONDENCE SHOULD BE SENT)	
Name	Home Telephone ()
Address	Work Telephone ()
City, State, ZIP	E-mail Address
Provide legal land description of your parcel (Sample: Iron County, T46N, R35W, Section 34, NE 1/4 of SW 1/4)	

FOREST MANAGEMENT PLAN CERTIFICATION		
<i>I/We hereby certify that I/we have a written forest management plan in effect for all CF lands that I/we own in Michigan, as required by the CF Statute and Administrative Rules.</i>		
<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.		
Name & Title	Telephone ()	
Address	Date Plan was signed by Plan Writer	Date Plan Expires
City, State, ZIP	Michigan Registered Forester Number (if applicable)	
Owner explanation or comments		

