



Qualified Forest Program Application

65087 / 0421

As required by MCL 211.7jj[1], as amended

Owner(s) / Contact Information for Qualified Forest Program (QFP) Application				
Name of Owner:				(Individual, Trust, LLC, etc.)
Last 4 digits of SSN or FEIN:				
Additional Owner:				(Spouse, Trustees, etc.)
Last 4 digits of SSN:				
Additional Owner:				(Spouse, Trustees, etc.)
Last 4 digits of SSN:				
Contact Name:				
Mailing Address:				
City:		State:		Zip:
E-mail :			Phone:	

Property Tax Authority	
County:	
Township:	
Municipality (if applicable):	

Parcels in Forest Management Plan				
Do you own the timber rights to the parcels that you wish to enroll in the QFP?			YES	NO
Tax Parcel ID Number	Acres	Agricultural Use/Forest Combination (if applicable)	CF to TQF Transfer (if applicable)	

To list additional owners and/or parcels, please continue your list on additional application pages. Submit a check or money order payable to *State of Michigan* in the amount of \$50.00 with your application.