



Qualified Forest Program Application

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

Contact Information for Qualified Forest Program (QFP) Application

Contact Name					
Mailing Address					
City		State		Zip	
Email			Phone		

Owner(s) Listed on Deed or Land Contract

Name of Individuals, Trust, LLC, etc.	Last 4 digits of SSN

Location of Parcel(s)

County:		Township:	
---------	--	-----------	--

Parcels for enrollment

Tax Parcel ID Number	Acres	CF to TQF Transfer

Send application materials and payment to:
 MDARD-QFP
 PO Box 30776
 Lansing, MI 48909