



Qualified Forest Program Forest Management Plan Amendment Form

Qualified Forest Program (QFP) Owner/Forester Information				
Name of Owner:				
Name of Forester:				
Forest Management Plan (FMP) Information				
Tax Parcel ID Numbers Covered by Plan:				
GfUbxg'tc' VY5 a YbXYX'fUg'fYZffYX'tc']b': A DL			Practices (Original, Amended)	
Stand ID	Stand Type	Stand Acres	Original Practice, Year	Amended Practice, Year
Reason for Amendment (attach additional documentation if more space is needed):				
Reason for Amendment (attach additional documentation if more space is needed):				
Reason for Amendment (attach additional documentation if more space is needed):				
Forester/Landowner Signature				
Forester Signature:			Landowner Signature(s):	
Date:			Date:	

To list additional amendments, please continue the list on additional pages. To submit this form, please scan and email the signed document to MDARD-QFP@michigan.gov, or mail to:

QFP
MDARD-ESD
P.O. Box 30017
Lansing, MI 48909

If you have any questions or concerns, please call us at (517) 284-5630, or email us at MDARD-QFP@michigan.gov.