Qualified Forest Program
Forest Management Plan Amendment Form

Qualified Forest Program (QFP) Owner/Forester Information					
Owner(s) Name					
Mailing Address					
City		State		Zip	
Email		Phone			
Name of Forester					

Forest Management Plan (FMP) Information			
County		Township(s)	
Tax Parcel ID Numbers Enrolled			

Stands to be Amended (as referred to in FMP)			Harvest Information (attach additional documentation if more space is needed)	
Stand ID	Stand Type	Stand Acres	Original Harvest Year	Amended Harvest Year
Reason for harvest change				
Reason for harvest change				
Reason for harvest change				
Reason for harvest change				
Reason for harvest change				

Forester/Landowner Signature			
Signature		Signature(s)	
Date		Date	

To list additional stands, 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

Please contact us by phone (517) 284-5630 or email us at **mdard-qfp@michigan.gov** with any questions or concerns.