APPLICATION
for
Louisiana Master Farmer
Certification

Applicant Name : _____

Mailing Address: _____

_____

Phone Number: _____ E-mail :_____

Farm Name: _____

Farm Location: _____

Watershed Identification Number in which the farm(s) is located: _____

Owner ____ Operator ____ Manager ____

Date Completed:

LSU AgCenter Master Farmer Certification Curriculum: _____
LSU AgCenter Model Farm Field Day: _____
NRCS Resource Management System (RMS) Plan: _____

I, _____, have fully implemented and agree to maintain in accordance with Louisiana RS 3:304, a Resource Management System conservation plan for all agricultural lands I personally own, operate or manage in the identified watershed, and have completed the LSU AgCenter Master Farmer Certification Curriculum and agree to attend required LSU AgCenter Master Farmer continuing education sessions.

_____
Signature

Approved by Mike Strain DVM, Commissioner
Louisiana Department of Agriculture and Forestry

_____
Commissioner Mike Strain DVM

This application will not be processed by the Louisiana Department of Agriculture and Forestry without the following supporting documents:
Official documents from the LSU AgCenter stating that the applicant has completed the Master Farmer Curriculum and has attended a Master Farmer Field Day, a document from the USDA NRCS confirming the implementation of a RMS plan on the farm or farms that are owned, operated or managed by the applicant in the identified watershed, as well as a document from the applicant confirming approved ag chemical handling and storage practices.