

VIRGINIA AGRICULTURAL VOLUNTARY BEST MANAGEMENT PRACTICE (BMP) ASSESSMENT AUTHORIZATION

Land Owner of manager having control of	the land where blurs are imp	iementeu.	
Name:		Phone: (H)	(M)
Email:	Address:		
Person to Contact (if different than above):		
Phone (H):	(M)	Email:	
	BMPs and further I authorize		ccess to the following farm(s) for the purpose o I and reported to project reductions of nonpoin
		n(s) and performing any site assessment t any time over the next 5 years to perfor	(s) of one or more farms m any site assessment(s) without contacting me
Farm #1 Name:	, located (prov	vide sufficient explanation to ensure the location	of authorized land is clear):
Farm #2 Name:	, located (provide	sufficient explanation to ensure the location of a	uthorized land is clear):
	(Use the reverse side of this sheet i	f additional farms are authorized for BMP assessmen	t and reporting)
Printed Name of Land owner or manager havi	ng control of the land where BMP	's are implemented	
Signature:		Date:	
	I understand that my authorizat	tion remains in effect until I revoke such auth	orization

COMMONWEALTH OF VIRGINIA	Form DCR # 199-206 (05/1
Department of Conservation and Recreation, Division of Soil and Water Conservation	

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