

WETLAND PROTECTION AND ENHANCEMENT PROGRAM APPLICATION

Land Ownership Information		Lessee <input type="checkbox"/> POC <input type="checkbox"/> Contact Info <i>(if different)</i>	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
WRP/WRE Contract Number:			
Tract Location (County and General Description):			

1. This is an application to participate in:

- Wetland Habitat Enhancement Program
- Wetland Habitat Protection Program (feral swine)

2. Are you applying to participate in this program as an: (check one of the following)

Individual

a) Please enter your legal name and tax identification number:

Name: _____ **Tax Number:** _____

Entity (Corporation, Limited Partnership, Trust, Estate, etc.)

a) Please enter entity legal name and tax identification number:

Name: _____ **Tax Number:** _____

b) **Yes** **No** Do you have appropriate documents including proof to sign for the entity?

Joint Operation (General Partnership, Joint Venture)

a) Please enter joint operation legal name and tax identification number:

Name: _____ **Tax Number:** _____

b) **Yes** **No** Do you have appropriate documents including proof to sign for the joint operation?

3. Certification of control of the land offered under the application is evidenced by:

- Deed or other evidence of land ownership**
- Written lease agreement or other (describe):**

Years of control are _____ through _____

4. **Yes** **No** I have received a copy of the program contract appendix.

Applicant Signature	Date

By signing below, Delta Wildlife certifies that all documentation has been received.

DW Signature	Date	ID #