CRP GROWER SUPPORT DOCUMENT

Grower Name: ________________________________________________

Need:

☐ Residue Removal on CRP (Enhancement)
   ☐ Residue Load
   ☐ Rodent Infestation
   ☐ Weed Infestation
   ☐ Erosion Potential
   ☐ Terrain Characteristics

☐ Residue Removal on CRP (Renovation)

Method: _________________________  
   (i.e., mow, burn, etc.)

Season: __________________________

I certify that I have considered the use of all reasonable non-burning alternatives to address my CRP enhancement and/or renovation needs.

If a burning option is selected as the method for enhancement and/or renovation then I understand that it is my responsibility to acquire and implement an acceptable burn permit and burn management plan. I fully understand that it is my responsibility to comply with local, state, and federal air pollution, fire regulations and laws.

_______________________________________  __________________
Grower’s Signature        Date

_______________________________________  __________________
FSA Signature         Date