

JAA Signature Page

This Job Approval Authority (JAA) application is for the following BMP(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Check this box if you list additional BMPs on the back of this signature page or on a separate sheet.

Applicant

By signing below, I certify the application information provided is true, complete and correct to the best of my knowledge. USDA-NRCS has not rescinded by JAA for any conservation practice(s) for failure to comply with the applicable practice standards, submitting false data or dishonesty in the use of my JAA.

Signature	Printed Name	Date
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Supervisor

In accordance with 02 NCAC 59D .0201(b), I acknowledge and support this individual's application for JAA for the best management practices listed above.

Signature	Printed Name	Date
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Soil and Water Conservation District Chairman *(required for SWCD employees)*

In accordance with 02 NCAC 59D .0201(b), I acknowledge and support this individual's application for JAA for the best management practices listed above.

Signature	Printed Name	Date
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