

Cover Crops

Producer Verification Checklist

Producer Name: _____

Checklist	Completed
Documentation provided to SWCD	
- Acres and field maps where cover crops are established	
- Application equipment used	
- Seed tags (including: % purity, % germ., % weed seed, Ohio noxious weed content)	
- Bills for cover crop	
- Cover crop established prior to October 15 th	
- Cover crop maintained through March 15 th	

Crop Year: _____

Acres Completed: _____

I hereby state that I have completed this verification form accurately to the best of my knowledge and have provided supporting documentation to show that all items above have been completed. I understand the terms and conditions contained herein and have authority to sign this verification.

Producer Initial

Date

For Office Use

SWCD Notes
