

To: MACS Office
Re: Aerial and Ground Aerial Seeding for 2024/2025 Cover Crop Program

Aerial and Ground Aerial into standing crops require FSA maps signed by the service provider as well as documentation from the applicant regarding seeding rate, date, species and previous crop. Below is the required information.

I, _____, certify that Aerial or Aerial Ground (circle one) was the planting method for
(Applicants name)
the attached mapped acres, that I followed seeding amount recommendations (25% increase in seeding rate), and that I:

_____ Used my own equipment (submit current FSA maps) or

_____ Rented equipment (submit current FSA maps), or

_____ Hired a custom planting contractor (submit current FSA maps signed by applicator)

Custom Applicator: _____

Previous crop(s): _____

Crop Planted (s): _____
(list each species planted)

Planting date(s): _____

Planting rate(s): _____
(for each species planted)

Acres planted: _____

This information is true and accurate to the best of my knowledge

Applicant Signature

Agreement #: _____