

**Cover Crops**

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 <sup>th</sup>	
- Cover crop maintained through March 15 <sup>th</sup>	

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