

**SOUTH DAKOTA DEPARTMENT OF AGRICULTURE
WILDLAND FIRE DIVISION
CERTIFICATION OF PROJECT COMPLETION**

Applicant Information

First Name: MI: Last Name:

Address:

City: State: ZIP Code:

Home: Work: Cell:

Project Information

Address:

City: State: ZIP Code:

Legal Location: Latitude: Longitude:

Number of Acres: Community:

Participation Certification and Request for Payment

I certify that I have completed the above project in accordance with the project specifications and other program requirements. I hereby apply to the Wildfire Suppression Division for cost-share payment for completed project work. I have included documentation of costs incurred and a completed form W-9.

Signature of participant: <input type="text"/>	Date: <input type="text"/>
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Office Use Only

Approved By: <input type="text"/>	Date Approved: <input type="text"/>	Date Completed: <input type="text"/>
WUI Approved: <input type="text"/>	Date Approved: <input type="text"/>	Acres Treated: <input type="text"/>

Project Description:

Program: