1. To 1	be completed	by NRCS	; check appropriate box.			This transaction	on is for CCC	This	s transac	ction is fo	or NRCS			OMB No. 0578-0018
U. S. 1	DEPARTME	ENT OF A	GRICULTURE	2. STATE				3. PROGRAM NAME						
	AP	PLIC	ATION FOR I	PAYMI	ENT		4 ACREEMEN	T CC	NITD A	OT NO	5 DAXI	AIDNIT A	DDI IC	ATION NO
			orm AD-1155, Conserva	chedule o	4. AGREEMENT or CONTRACT NO.				5. PAYMENT APPLICATION NO.					
1 1	tions, to con	1	form. entries – fine of not mo	6. LOCATION CODE NO. 7. COUNTY										
			an five years, or both (18											
8. SP	ECIFIED	CONSE	RVATION PRACTI	CES PER	FORM	ED								
	A.	B.	C.		D.	E.	F.		3 .		H.		I.	J.
	Agreement Field Practice and		Date Started		Date	Practice	Ex	Extent		Average Cost \$		Cost Share %	Amount Earned \$	
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OMB DISCLOSURE STATEMENT

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0578-0018. The time required to complete this information collection is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

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13. FOR USE BY FSA COUNTY COMMITTEE ONLY:

I certify to the best of my knowledge and belief this application contains no duplication of payment under any program of the U.S. Department of Agriculture administered by FSA, and the participant is not shown on the county claim control record as being indebted to the government, except as explained on the reverse side. If required by the applicable program, the participant has filed the AD-1026 certification of compliance with the highly erodible land and wetland conservation provisions of the Food Security Act of 1985, as amended, and has not been determined to be in violation of these provisions.

A. Signature	B. Date					
14. Certification by Designated Conservationist		15. Certifying Officer's Approval				
I certify that the practice (identifiable unit) specifie above application has been properly carried out, at the standards and specifications of the above-numb agreement/contracts.	d in the nd meets vered	Pursuant to authority vested in me, I certify that the items listed herein are correct and hereby approved for payment from the fund (s) designated on supporting data records.				
A. Signature	B. Date	A. Signature	B. Date			