



# Invasive Plant Management Program

## Invasive Plant Control Practice Plan Application

**Application deadline is July 12, 2021**

*Invasive Plant Control Practice Planning is made possible in part by the USDA Forest Service's Landscape Scale Restoration Program*

**Return to: WoodsWISE, Maine Forest Service, 22 State House Station, Augusta, ME 04333;**  
**[forestinfo@maine.gov](mailto:forestinfo@maine.gov)**

**Landowner Name:** \_\_\_\_\_

**Landowner's Social Security or Tax ID #:** \_\_\_\_\_

**Co-owner or legal representative:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_  
 \_\_\_\_\_  
*(street address, city, state, zip)*

**Telephone number(s):** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_  
*{e-mail is used to expedite Approval & other WoodsWISE communications}*

**Property:**  
 Town: \_\_\_\_\_  
 Nearest Public Road: \_\_\_\_\_  
 Map and Lot: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Estimated total parcel acres: \_\_\_\_\_  
 Total wooded acres: \_\_\_\_\_  
 Est. acres to be surveyed: \_\_\_\_\_  
*(see instructions for how to estimate)*  
 Total wooded acres owned in Maine: \_\_\_\_\_

**Ownership type:**

<input type="checkbox"/> individual	<input type="checkbox"/> joint
<input type="checkbox"/> nonprofit	<input type="checkbox"/> educational institution
<input type="checkbox"/> company/business (without publicly traded stock)	<input type="checkbox"/> municipal or quasi-municipal (e.g. utility district)
<input type="checkbox"/> other: _____	

**Forester or Other Resource Professional who has agreed to prepare the IPCPP (must be on the list of eligible Plan Preparers—see instructions):**

**Name:** \_\_\_\_\_ **Forester License # (if applicable)** \_\_\_\_\_

**I give permission for my Plan Preparer and DACF Project staff to map and display locations of invasive plants on my land using the online mapping tool, iMapInvasives. Landowner contact information will be kept confidential, per 12 M.R.S. §8005(1). Please call MFS if you need assistance: (207) 287-8430.**

I certify that the above information is consistent with property deeds and is accurate to the best of my knowledge. I agree to maintain the wooded acres covered in the IPCPP as forest land for a minimum of five years from the time of program application. I agree to meet program requirements. I pledge to conserve, nurture, enhance, and protect the forested resources of my land and I will strive to provide a high level of stewardship for all my natural resources.

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

Landowner signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Questions? Call the MFS Landowner Outreach Forester at (207) 287-8430**