The form which follows is a sample only. To obtain an official copy of this form, please contact the Division of Soil and Water Conservation at:

600 E. Main St., 24th Floor
Richmond, Virginia  23219
804.786.2064
LOCATION OF CONTRACTED COVER CROP ACRES in______________________  (COUNTY) OF _________________________________ SWCD  

FIRST YEAR OF CONTRACT PERIOD

Contract Number: ___________________

Date: ___________________  Contract Period: ___________________ to ___________________

Name of Cover Crop participant: ___________________________________________________________

Number of Acres of Cover Crop under Three-year Contract (SL-8C)_________________________ ______

Farm #:______________________________________________________  Tract #:_____________________

Field(s) #:__________________________________________________

Anticipated Planting Date: ____________________________  Crop:__________________________

Driving Directions______________________________________________

SECOND YEAR OF CONTRACT PERIOD

☐ Check here if all cover crops will be planted on exactly the same acres as last year.  Cover crops planted on the exact same acreage for 2 years will receive a $5/acre rate premium over the first year’s rate.

If Cover Crops are to be relocated to different fields please fill out the following:

Farm #:______________________________________________________  Tract #:_____________________

Field(s) #:__________________________________________________

Anticipated Planting Date: ____________________________  Crop:__________________________

Driving Directions______________________________________________

THIRD YEAR OF CONTRACT PERIOD

☐ Check here if all cover crops will be planted on exactly the same acres as last year.  Cover crops planted on the exact same acreage for 3 years will receive a $5/acre rate premium over the first year’s rate.

If Cover Crops are to be relocated to different fields please fill out the following:

Farm #:______________________________________________________  Tract #:_____________________

Field(s) #:__________________________________________________

Anticipated Planting Date: ____________________________  Crop:__________________________

Driving Directions______________________________________________

(DCR – 199 – 173) (06-06)