NOTICE OF INTENT TO IMPLEMENT
VEGETABLE AND AGRONOMIC CROPS
BEST MANAGEMENT PRACTICES GUIDE

Section 403.067(7)(c)2, Florida Statutes and Rule 5M-8.004 F.A.C.

Phone (850) 617-1700; Fax (850) 617-1701

In accordance with Florida Statute 403.067(7)(c)2 and Rule 5M-8.004 F.A.C., the following information is hereby submitted as proof of my intent to implement Best Management Practices for Vegetable and Agronomic Crops in Florida. Multiple parcels and associated property tax identification numbers may be listed on one NOI. If parcels are owned in more than one county, then one NOI should be submitted for each county with the list of associated property tax identification numbers on each NOI. Use an additional sheet if necessary.

Farm Owner______________________________________________________________

Authorized Local Contact____________________________________________________

Local Contact Address____________________________________________________

Local Contact Telephone____________________________________________________

Farm Name_______________________________________________________________

Total Number of Enrolled Acres_______________________________________________

County__________________________________________________________________

Property Tax ID Number/s From Property Appraiser

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Complete the Candidate BMP Checklist and use the results to fill out the *Notice of Intent to Implement*. Submit the complete *Notice of Intent to Implement* to the Department of Agriculture and Consumer Services at the address below. **Keep the completed grower checklist in your files along with a copy of your completed Notice(s) of Intent.** You must complete the grower checklist and submit the *Notice of Intent to Implement* and maintain these on file and have them available for inspection by the Department if you wish to receive a presumption of compliance with state water quality standards. A submitted *Notice of Intent to Implement* is also a requirement to be eligible for some sources of BMP cost share funding.

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**Signature of Farm Owner or Leaseholder**

**Date**

Mail the complete form to:  
FDACS- OAWP  
1203 Governor’s Square Boulevard, Suite 200  
Tallahassee, Florida 32301