



# Conservation Practice Certification Form

08/17

Use this Conservation Planning Assistance Form to document practice Construction & Certification (C&C) for all conservation planning activities implemented under the technical supervision of an employee with the appropriate ECS and/or ENG Job Approval Authority (JAA). Completed practices are to be checked against the planned specifications and associated Statements of Work (SOW) to ensure the planned practice purpose has been achieved meeting applicable NRCS practice standard criteria and planning criteria treatment threshold for any NRCS assisted activities. Final field inspection or check-out documentation will become part of the client’s case file, along with ALL other supporting data from previous planning, layout, or documenting records. When an employee determines the practice “**Meets NRCS Standards and Specifications**”, it implies the conservation practice or system meets applicable NRCS practice standard criteria as well as other applicable technical and/or program requirements. All conservation practices will be certified and documented according to [Title 450, General Manual \(GM\), Part 407](#) and the applicable conservation practice SOW.

## PART A – General Information

Client Name:	Program Type:	Agreement Number:
NRCS Administrative Area:	County:	Team Number:
Tract Number(s):		<input type="checkbox"/> Or refer to the attached Practice Certification Map(s)

## PART B – Practice Certification Information

### B(I). Conservation Practice(s) Applied & Field Certified

CIN	Practice Name	Practice Code	Applied Amount/Extent	Meets NRCS Standards and Specifications?	Field Inspection By	Field Inspection Date
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

### B(II). Required Technical Documentation

Note- ALL required practice installation/certification documentation, as specified in GM 450 Part 407, conservation practice SOW “Check Out-Deliverables”, applicable jobsheet(s), approval letters, digital images, and/or practice certification maps\*, must be attached to this form.  
 \*Practice Certification Map(s) will include the installed practice location(s), Tract(s) & Field number(s), standard practice symbols, and the amount/extent of practice(s) certified.

Applicable Job Sheet(s) Certified <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Applicable Checklist(s) Certified <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Practice Certification Digital Image(s) <input type="checkbox"/> Yes
Applicable Approval Letter(s) from Individual with JAA <input type="checkbox"/> Yes <input type="checkbox"/> N/A	Practice Certification Map(s) <input type="checkbox"/> Yes	Progress Report Completed <input type="checkbox"/> Yes

## PART C- Certification of Compliance with Plans and Specifications

Practice(s) **meets** NRCS Conservation Practice Standards and Specifications as identified in Part B(I).

Practice(s) does **NOT** meet NRCS Conservation Practice Standards and Specifications as identified in Part B(I). State reason(s) for practice(s) NOT meeting NRCS Standards and Specifications. If practice is a component or part of a system, then Part D- Review of Technical Certification, will not be completed until all practices comprised by the system meet NRCS standards and specifications.

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## PART D– Review of Technical Certification

I acknowledge and attest that the conservation practices meeting NRCS Standards and Specifications listed in Section B(I) of this form, have been certified by an individual with the appropriate JAA level or by a Registered TSP. I hereby certify that the information and statements contained in this form are true and correct to the best of my knowledge.

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Signature
Title
Date