

# OKLAHOMA CONSERVATION COMMISSION

## PRESCRIBED FIRE ASSISTANCE APPLICATION

Conservation District
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Name			
Address	City	State	Zip
Phone Number	Email		
Do you have a written burn plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a district cooperator agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this your first time conducting prescribed fire on this property? <input type="checkbox"/> Yes <input type="checkbox"/> No		GPS Coordinates	
		Lat: _____ Long: _____	
County where practice will be completed.		Legal Description (please include direction in Township and Range) _____ 1/4 _____ Section _____ Township _____ Range	
Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Are you a member of an Oklahoma Prescribed Burn Association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, list the personnel and resources available to assist with conducting the burn.			

- I am a United States citizen or a qualified alien under federal Immigration and Naturalization Act, and I am lawfully present in the United States
- Completing this form **does not** guarantee financial assistance.
- If approved for financial assistance, I understand that a cash or in-kind match may be required.
- Each application will be evaluated and ranked by the OCC LMD staff to verify the property is eligible for payment under the Terry Peach Watershed Restoration Program.
- Implementation of this practice **prior to application approval** may result in ineligibility of financial assistance.
- Payment assistance is limited to \$20/ac with a max of \$6,000 per landowner each calendar year.
- I am **not** an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned.
- Provide a copy of the burn plan(s) for the property seeking financial assistance.
- If you are not the landowner, provide a properly executed consent form from the owner(s) of the land and file it with this application.
- Property **currently under contract** through another cost share program for a prescribed burn payment will not be eligible for payment under this program.
- Land parcels are only eligible for payments on a 3-year burning interval. *Example: Parcel burned in 2025 is not eligible again until 2028.*

To the best of my knowledge, the information on this application is correct.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

The Prescribed Fire Assistance Application has been reviewed by the OCC Land Management Division and the following recommendation is made based on the program's funds.

☐ Approve application for financial assistance.

☐ Disapprove the application for financial assistance.

Authorized OCC Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved for Payment by the OCC Land Management Division

Authorized OCC Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_