

COLORADO STATE BOARD OF LAND COMMISSIONERS RESOURCE MANAGEMENT QUESTIONNAIRE

Carrying capacity for this lease is _____ AUMS with a yearly rental of \$ _____
(office use only)

Name: _____ Lease No. _____ County: _____

State trust lands can only be used in accordance with good soil and natural resource conservation practices, and in compliance with the requirements of the Colorado Noxious Weed Act.

Applicant Information

Do you live or work in the area: Yes No

If yes, how long? _____

Primary occupations of individuals listed on the application: _____

Land Use

Total acreage owned: _____

Location: _____

Total acreage leased: _____

Location: _____

Leased acreage owned by:

Name: _____

Address: _____

Phone: _____

Do you lease other State Trust Land? Yes No

If yes, list lease numbers _____

What is your expected carrying capacity of the State Trust Land? _____

Intended use of the State Trust Land: _____

Name and phone number of your financial institution: _____

Do you anticipate the need for a Collateral Interest Rider on this lease? Yes No

Weed Information

In accordance with the requirements of the Colorado Noxious Weed Act, C.R.S. §35-5.5-101 et seq, is there currently a problem with noxious weeds on the premises? Yes No I don't know

If you responded "yes" or "I don't know", please contact your local weed coordinator to develop a weed control plan. Please describe method(s) to be used in weed control plan to achieve goals for each species: (Herbicide application? Biological controls? Seeding of competing species? Grazing manipulation? Manual/mechanical manipulation? Other best management practice?)

RESOURCE MANAGEMENT QUESTIONNAIRE (Page 2)

Livestock Information:

Specify type of livestock: (i.e. cow/calf, yearlings, sheep, etc.) _____

Number livestock owned: _____

Does livestock belong to someone else? No Yes If yes, who? _____

Period of grazing season: From: _____ To: _____

I understand that subleasing all or any part of the leased premises for any purpose during any part of the term of the lease, unless authorized by the State of Land Commissioners in writing, shall be cause for cancellation at any time, and pasturage agreements shall be prohibited unless authorized by the Board. **Initial:** _____

Improvements:

Inventory of existing improvements (if needed, attach additional pages):

APPROVED <small>(Office Use Only)</small>		REIMBURSABLE <small>(Office Use Only)</small>		IMPROVEMENT TYPE <small>(Fence, Well, Stock Pond, Building, etc.)</small>	INITIAL COST <small>Dollar Amount</small>	LOCATION <small>Township, Range, Section, Quarter Quarter</small>	% PARTICIPATION			DATE COMPLETED <small>Month/Date/Year</small>
<small>Yes</small>	<small>No</small>	<small>Yes</small>	<small>No</small>				<small>Lessee</small>	<small>Federal</small>	<small>SLB</small>	

Describe or draw the location of improvements (e.g., wells, fencing, buildings, etc.):

List the improvements that are needed or you expect to construct or maintain on the State trust lands now or in the future:

APPLICANT SIGNATURES

All information provided on this report is true and accurate. False or inaccurate information is cause for cancellation of any lease issued.

_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Date</i>	<i>Signature</i>
_____	_____	_____	_____
<i>Date</i>	<i>Signature</i>	<i>Date</i>	<i>Signature</i>

DISTRICT MANAGER'S REVIEW

By signing below, District Manager designates improvements as reimbursable or non-reimbursable.

This Questionnaire has been reviewed on this _____ of _____, _____ Year

District Manager