



Forest Steward Designation Evaluation Form

For Central Office Use Only

Certified
Forest No.:

Date Certified:

Landowners enrolled in Georgia's Forest Stewardship Program should periodically be evaluated to ensure they are on the path of good land stewardship. **Before a landowner can be honored as a *Forest Steward*, a completed copy of this evaluation form along with a copy of the forest stewardship plan must be provided to a Stewardship Specialist.** The Stewardship Specialist will then review the nomination and landowner accomplishments. Once approved by a Stewardship Specialist, a sign can be presented to the landowner. Resource professionals eligible to make nominations are registered foresters, certified biologists, state forestry personnel, and any other individual approved in writing by the State Stewardship Program Coordinator. A landowner enrolled in the program may not yet be eligible for certification unless significant accomplishment has been demonstrated. In that case, this form should be filled out as an evaluation of their progress to date and management recommendations provided that will aid the landowner in attaining *Forest Steward* status. This evaluation form should be completed with recommendations for improvement supplied on page 3. A copy of this should be given to the landowner.

To be honored as *Forest Stewards*, all landowners, regardless of their primary and secondary management objectives, will have to meet the minimum standards as listed on the next page. Unusual circumstances may exist which prevents a standard from being met. An explanation of these should be provided. Landowners will also have to demonstrate substantial accomplishments toward their primary and secondary management objectives by following the recommendations made in their Forest Stewardship Plan. Their accomplishments must be documented as follows: Practices recommended in the Forest Stewardship Plan must be listed on page 3 of this form and an assessment of the landowner action or inaction should be listed for each practice, along with any pertinent comments.

LANDOWNER INFORMATION

Last Name: _____ First Name: _____

Other Owner's Names (if applicable): _____

Farm Name (if applicable): _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

Phone: _____ (home) _____ (office) _____ (mobile)

Email Address: _____

Plan Author & Date: _____

Primary Objective: _____ Secondary Objective: _____

Total Acres: _____ Forested Acres: _____ County: _____

