



Range-Wide Oil & Gas Candidate Conservation Agreement with Assurances
for the Lesser Prairie-Chicken in Colorado, Kansas, New Mexico, Oklahoma and Texas (CCAA)

WAFWA's CCAA Conservation Program Application Form

Please consider this request to enroll the following land into WAFWA's Conservation Program:

Location: _____, _____ . Legal Description: _____
County _____ State _____ and/or provide a map, or shapefile, or Google Earth file

Acres Proposed for Enrollment: _____ . Current Land Uses: _____

Was the land acquired in full or in part with federal funds: no, yes (describe): _____

Is the land enrolled in a federal conservation program: no, yes (describe): _____

Have you identified any restoration needs? no, yes (describe): _____

Have there been observations of lesser prairie chickens? unsure, no, yes

APPLICANT

Name: _____

Address: _____

Phone: _____

Email: _____

By signing this form, the Applicant confirms that they have the proper authorities to enter into an agreement with WAFWA for purposes of conserving and enhancing lesser prairie chicken habitat on the land described herein. Further, the Applicant confirms they have the authority to satisfy the terms and conditions of the agreement for the duration of the agreement (10-years).

Signature: _____

Date: _____

LANDOWNER(S) if not the applicant

Name: _____

Address: _____

Phone: _____

Email: _____

By signing this form, the Landowner confirms that the Applicant has the authority to act as decision maker for the management and operation of the land described herein. This authority includes the ability of the Applicant to enter into an agreement with WAFWA. Further, the Landowner confirms the Applicant has the authority to satisfy the terms and conditions of that agreement for the duration of the agreement (10-years).

I understand that the agreement with WAFWA will include management activities and may include restoration activities that could alter the physical characteristics of the land. I authorize my Tenant permission to complete activities upon which WAFWA and the Applicant agree.

Signature: _____

Date: _____

Send this completed transfer form to Chanda Pettie, LPC Program Director at chanda.pettie@wafwa.org.