

Texas Excellence in Land Management Nomination Form

OWNERSHIP INFORMATION Landowner Land Manager (if different) Name: Name: Address: Address: ______ State: _____ _____ State: _____ City: City: Zip: Zip: Phone: ____ Phone: Email: Email: NOMINATOR INFORMATION Profile (check one): Name: () Landowner () Land Manager Address: () TFS Representative () Friend () Wildlife Biologist () Family Member _____ State: _____ City: Zip: () Consulting Forester () Business Partner Phone: () Other (specify): Email: PROPERTY DESCRIPTION Ranch/Farm/Tract Name: _____ County: ____ Lat/Long:

CURRENT LAND USE	Approx. Acres	OBJECTIVES
Cropland/Food Plot Native Range/Brush*		Indicate the landowner objectives. Use a "1" for primary and a "2" for secondary, as stated in the plan.
Non-native Pasture Forest/Native Woodland* Lakes, Ponds, Streams, Wetlands Other (specify) Total *Includes Wildlife Habitat		Soil and Water Fish and Wildlife Forest Health Range Management / Livestock Production Recreation, Aesthetics, Environment Timber Wildfire Preparedness Other:
		Did (mail
List Implemented Stewardship Practices - Obje	olemented Points (official use only)	

I have reviewed the accomplishments stated above and recommend the owner of this property be appoint	nted
	11100
the Texas Excellence in Land Management award.	
Natural Resource Professional Signature Date	
T*41.	
Agency	
CERTIFICATION Certification No:	
OLIVII IOATION	
Nomination Processor: Name Signature Date	
Forest Stewardship Coordinator: Name Signature Date	
Associate Director:	
Name Signature Date	

Please attach a copy of the management plan and email to TXELM@tfs.tamu.edu or mail to:

Texas A&M Forest Service
Texas Excellence in Land Mgmt.
P. O. Box 310
Lufkin, Texas 75902-0310

