Department of the Interior
Bureau of Indian Affairs
Application for Owner-Managed Status

This is our application for Owner-Managed status that will allow us to lease our trust land for agricultural purposes without the BIA approval as provided under American Indian Probate Reform Act of (AIPRA) 2006.

1. Reservation _____ 2. Tract No,_____

3. Legal description _____ 4. Date submitted _____

5. Designated manager or contact person, if so designated by the owners

_____ Address _____

6. The applicants acknowledges the following:

   a) Submit any owner-managed lease within thirty (30) days after execution to the agency for recordation in the LTRO

   b) Include stipulation(s) in the owner-managed lease(s) that will provide for prudent management and conservation practices

   c) Pay any all Irrigation Operation & Maintenance account receivables, if applicable

   d) The lessee/lessors will abide by all applicable tribal & Federal laws, regulations, ordinances, and resolutions

   e) Any existing encumbrances on the proposed owner-managed tract, such as existing leases and easements, will remain in full force and effect through their expiration

   f) The right of mineral owner(s) to enter into agreements or leases to extract those minerals.

We, the following trust owners hereby request for owner-managed status as indicated below: (If the tract of land contains a life estate, both the life estate holder and remainder interest owner must sign the application):

Printed Name_____   _____
                                                 ID. Number
Address   _____   _____
                                                 Phone Number
             _____

Dated _____, 20____ at _____, _____

_____
Signature of Trust Owner

NOTARY

STATE OF _____, COUNTY OF _____, ss

The foregoing instrument was acknowledged before me this _____ day of

_____, 20____ by _____ _____

(Seal/stamp)

Parent or legal guardian for a child under the age of 21 or for an incompetent person

Printed Name_____On Behalf of _____

Address   _____   _____
                                              Id Number

               _____

Dated _____, 20_____ at _____, _____

_____
Signature of Trust Owner Parent or Legal Guardian

NOTARY

STATE OF _____, COUNTY OF _____, ss

The foregoing instrument was acknowledged before me this _____ day of

_____, 20_____ by _____ _____
(Seal/stamp)

Additional names, addresses and signatures on continuation sheet(s) attached, if necessary.

Approved _____   Disapproved _____

_____   _____ _____
Printed Name   Signature   Date