



State of Oklahoma
Office of Management and Enterprise Services
Division of Capital Assets Management
Real Estate and Leasing Services

AGRICULTURAL OR
RECREATIONAL SURFACE
LESSEE'S LEASE INFORMATION

LESSEE(S) INFORMATION:

Name of Lessee: as it will appear on easement/lease

CIRCLE ONE: ☐ Individual ☐ Company ☐ Partnership ☐ LLC ☐ Trust

Name of 2nd Lessee: as it will appear on easement/lease

Agent or Company Contact and Title

Street Address

Mailing Address if different

City County State Zip Code

Email:

Work Phone: Alternate Phone:

Applicant's Registered Brand:

TYPE OF LAND USE REQUESTED: *(Check all that apply)*

☐ GRAZING ☐ CROP ☐ OTHER AGRICULTURAL USE ☐ HUNTING ☐ RECREATIONAL ☐ OTHER

LEGAL DESCRIPTION OF THE LEASE LAND:

Amount of Acreage: County: City:

Section: Township: Range:

Legal Description:

CHECK ONE: ☐ New Lessee ☐ Renewal

DESCRIBE PURPOSE FOR AGRICULTURAL LEASE

(NOTE: The use of this land for any purpose other than that specifically granted by the Lease is not permitted. No rights may be assigned or subleased by the Lessee without prior written authorization of the DCAM. Surface Leases convey no claim to, or control over, hunting rights unless it is expressly granted in the lease.)

NUMBER OF ANIMAL UNITS TO BE GRAZED ON ABOVE DESCRIBED LEASE LAND: _____
["Animal Unit" means one weaned beef animal over six months of age, or one horse, or five goats, or five sheep, or the equivalent]

PROPOSED CROP(S):

OKLAHOMA DCAM ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risk. It is the responsibility of the LESSEE to contact and comply with all other Federal, State, County and local agencies which may also need to be contacted regarding environmental regulations.

THE FOLLOWING TYPE(S) OF POTENTIALLY ADVERSE ENVIRONMENTAL IMPACT USAGES ARE NOT ALLOWED ON STATE LAND BEING LEASED FOR AGRICULTURAL OR RECREATIONAL USE:

The collection of waste tires; disposal of lead acid batteries; generating any discharge that may potentially impact groundwater; wastewater collection and treatment systems; air contaminant or pollution emissions; solid, septic tank waste/sewage sludge or medical waste generation, transportation, treatment, recycling, storage or disposal; used oil generation, transportation, storage, recycling, use, disposal, marketing or burning; Special waste (asbestos, motor vehicle shredding waste) generation, transportation or generating, treatment, recycling, storage or disposal of hazardous waste; any use of currently unclassified waste containing any of the following:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Polychlorinated biphenyls (PCBs) | <input type="checkbox"/> Oil and gas exploration drilling muds |
| <input type="checkbox"/> Petroleum contaminated soil | <input type="checkbox"/> Incinerator ash |
| <input type="checkbox"/> Categorical industrial pretreatment sludge | <input type="checkbox"/> Commercial/industrial sewage |
| <input type="checkbox"/> Petroleum refining waste | <input type="checkbox"/> Radioactive waste |
| <input type="checkbox"/> Used Antifreeze | <input type="checkbox"/> Slag and refractory material |
| <input type="checkbox"/> Uranium ore tailings | <input type="checkbox"/> Contaminated process equipment |
| <input type="checkbox"/> Precious metals recycling | <input type="checkbox"/> Industrial catalysts |
| <input type="checkbox"/> Industrial sludge | <input type="checkbox"/> Aluminum dross |
| <input type="checkbox"/> Industrial sands | |

ADDITIONAL COMMENTS:

CERTIFICATION:

CORPORATION:

- (A) Do you have authority from the Oklahoma Secretary of State to do business in the State? ☐ Yes ☐ No
- (B) Is the corporation presently in good standing with the State? ☐ Yes ☐ No

If No, state the Legal Corporate Name: _____

Address: _____

City, State Zip Code _____

LIMITED LIABILITY COMPANY:
DCAM/REALS FORM SL300 (10/2012)

- (A) Do you have authority from the Oklahoma Secretary of State to do business in the State? ☐ Yes ☐ No
- (B) Is the LLC presently in good standing with the State? ☐ Yes ☐ No
- (C) Attach a copy of LLC Authority to sign

PARTNERSHIP/LIMITED PARTNERSHIP/JOINT VENTURE:

- (A) Attach Corporate Authority to sign

ESTATE:

- (A) Attach an official copy of the court or estate document(s)
- (B) Name of the court-appointed administrator or personal representative: _____

TRUST:

- (A) Name of Trustee: _____
- Trustee Address: _____
- City, State Zip Code _____
- (B) Attach or enclose an official copy of the Trust Document

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I HAVE THE AUTHORITY TO SIGN AND EXECUTE THIS DOCUMENT.

Signature of Applicant

Date

Signature of Applicant

Date