

AG STATUS APPLICATION SDCL 10-6-112

Completed forms must be submitted to your **county director of equalization**.

For land to be classified as agricultural, the primary and main use of the land must be devoted to agricultural pursuits and the property must meet either an acreage minimum or an income requirement.

Agricultural pursuits are defined as the raising and harvesting of crops, timber, or fruit trees; the rearing, feeding, and management of farm livestock, poultry, fish, or nursery stock; the production of bees and apiary products; or horticulture.

APPLICANT INFORMATION

FIRST AND LAST NAME		OPERATION NAME, IF DIFFERENT FROM ABOVE	
MAILING ADDRESS	CITY	STATE	ZIP CODE
COUNTY	EMAIL	PHONE NUMBER	
IS THE PRINCIPAL USE OF THIS LAND DEVOTED TO AGRICULTURAL PURSUITS? () YES () NO		PRINCIPAL USE	
If multiple parcels – will be an option to add attachment listing parcel ID & number of acres before form is fully submitted			
PARCEL NUMBER(S)	LEGAL DESCRIPTION		

Please complete either **Section 1** OR **Section 2**

SECTION 1. Number of acres in the above property? _____ Total acres within management unit? _____

Do you own any other agricultural land in the state? () NO () YES If yes, where? _____

*The term, **management unit**, means any parcels of land, whether adjoining or not, under common ownership and managed and operated as a unit. No parcel of land within a management unit may be more than **twenty air miles** from the nearest other parcel within the management unit.

SECTION 2. INCOME INFORMATION

In three of the previous five years, a gross income of at least \$2500, is derived from the pursuit of agriculture from the land. This annual income cannot include transactions between: (a) An individual and anyone with whom the individual shares a residence; (b) An individual and an entity in which the individual and anyone who shares a residence with the individual have an aggregate ownership interest of more than fifty percent; or (c) Entities that are members of the same controlled group, as defined in SDCL 10- 45-20.3.

YEAR	GROSS INCOME	CROP OR LIVESTOCK USE

I hereby state that the above information is correct to the best of my knowledge.

APPLICANT SIGNATURE	DATE
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DIRECTOR OF EQUALIZATION OFFICE USE ONLY

LEGAL DESCRIPTION OF PROPERTY(S) IF NOT LISTED ABOVE

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PARCEL(S) IF NOT LISTED ABOVE

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PROPERTY OWNER NAME: _____

THE REQUEST FOR LAND TO BE CLASSIFIED AS AGRICULTURAL LAND IS:

☐ APPROVED ☐ DENIED ☐ ACKNOWLEDGE RECEIPT: Your request will be reviewed _____

NOTES/REASON FOR DENIAL

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DIRECTOR OF EQUALIZATION OFFICE SIGNATURE

DATE

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AG QUALIFICATIONS

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