

**ASSIGNMENT APPLICATION
FILING INFORMATION**

(READ CAREFULLY)

Please check our website at www.azland.gov or call our Public Records Counter at (602) 542-4631 to ensure you have the most current assignment application.

Filing Fee:

Name Change \$500
Partial Assignment of Long Term Commercial Lease \$2,500
All other Assignments \$1,000

Submit Application and **NON-REFUNDABLE** filing fee to:

ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

For assistance contact: (602) 364-3170
For Minerals or Oil & Gas assistance contact: (602) 542-2687

LIENS:

1. **Current Liens on File:** All liens filed with the Department require a satisfaction or written consent of all parties involved. This must be submitted with your application or it will be rejected. (A.R.S. § 37-255 and A.R.S. § 37-289)

2. **Filing a new lien:** To file a new lien on the leasehold interest, the lien document must include the lease number and/or legal description(s) of the lease. You must submit a \$50.00 filing fee with each new mortgage or lien filed.

FORECLOSURE, BANKRUPTCY OR DEED OF TRUST SALE:

Submit a copy of the sheriff's deed, trustee's deed or appropriate court order with the completed assignment application. The document must include the lease number and/or legal description(s) of the lease. *A deed of conveyance or warranty deed cannot be accepted as evidence of a lease assignment. All assignments of lease, permit or right of way must be submitted on an application provided by the State Land Department and accompanied by the appropriate legal document. (A.R.S. Title 37)*

RENT OR DEFAULTS:

A lessee of State lands **not in default in rent** and who has kept and performed all conditions of the lease, may, with the written consent of the Department, assign the lease. **DO NOT** submit your application if your rent is not paid. (A.R.S. § 37-286(B))

An application for assignment of lease or permit **will not be accepted** for filing and processing during the last 30 days of the lease year, unless the next year's advanced rents have been paid. (Departmental Rule 12-5-512.B)

NAMES:

The assignor (current state lessee) name(s) **must** be stated on this application **EXACTLY** as the name(s) are on the original lease, permit or right of way document. (Additional certification and acknowledgment pages may be copied and attached, if required.)

MULTI-LEASES OR LEASE CODES:

A separate application and fee **must** be submitted for **each lease** or **code of a lease**.
(Example of a code: 01-27445-01 or 01-27445-02)

BRANDS - GRAZING ASSIGNEE ONLY:

ASLD policy states applicants for a Grazing lease/permit must have an Arizona registered brand. A copy of your certificate **must** accompany your application or your application will be rejected. NOTE: Brand Certificate must be in the same name as assignee.

POWER OF ATTORNEY:

If you are acting as an Attorney in Fact for the applicant, **you must submit** a copy of your notarized Power of Attorney and a \$50.00 additional fee.

ESTATE, DEATH OR INCOMPETENCE OF A LESSEE:

When a **personal representative** or **administrator** is executing the assignment application, you are required to **submit** a **CERTIFIED** copy of the appropriate legal document or court order or your application will be rejected.

HOLDING TITLE:

ASSIGNOR(S): Arizona is a community property state. If the assignor(s) of this application is/are married, the assignor(s) and his/her spouse **must** both sign and have this application notarized, unless the original lease, permit or right of way was issued with the statement "Sole and Separate Property".

ASSIGNEE(S): If you wish to hold title as "sole and separate property" or "joint tenants with right of survivorship", please indicate in Question No. 1 (Page 1).

DISSOLUTION OF MARRIAGE:

Send a copy of the dissolution court document to the Department for review prior to submitting an assignment application or call (602) 364-3170 for information.

Note: If the dissolution includes the lease number and/or legal description(s) of the lease, and states which spouse retained the lease, an assignment may not be necessary.

ASSIGNMENT OF OVERRIDING ROYALTY INTEREST:

If an overriding royalty interest is to be conveyed, please submit a copy of the Assignment of Overriding Royalty Interest. This document must be filed in the county where the property is located.

SUBLEASE OF RECORD:

If there is a sublease of record, assignor must notify the sublessee of proposed assignment. If it is the assignees intent to continue subleasing, a new application will need to be submitted after the approval of the assignment.

CHECK LIST

To avoid rejection of your application, be sure to include the following:

- Your non-refundable filing fee and any additional fees required.
- Rental payment, if rent is not currently paid. (If you are uncertain, please contact the Department.)
- Original signature(s) and acknowledgment(s) of assignor(s) and assignee(s).
- All legal documents or documentation required to complete this assignment transaction.
- Release or written consent of any mortgages or liens of record. (If you are uncertain as to what liens are of record, please contact the Department.)
- All pertinent questions answered or addressed. (Pages 1 thru 7 and applicable Pages 8-14)
- Environmental Disclosure Questionnaire.
- Original lease or permit must be submitted with the application for Mineral or Oil & Gas Assignments ONLY.

Your application will be rejected and the non-refundable filing fee will be forfeited if this application is submitted without the required documents, notarized signatures and all pertinent questions answered.

RETURN TO:
 ARIZONA STATE LAND DEPARTMENT
 PUBLIC COUNTER
 1616 WEST ADAMS
 PHOENIX, ARIZONA 85007

SUBMIT NON-REFUNDABLE
 FILING FEES

DEPARTMENTAL USE ONLY		A. ROLODEX # _____	B. ROLODEX# _____
ACCOUNTING	T & C	RECOMMENDATION/ INITIAL	DATE
Filing Fees:	Examiner:	Approve _____	_____
Name Change: <u>\$500</u>	_____	Deny _____	_____
Partial Assignment of Long Term Commercial Lease: <u>\$2,500</u>	Re-assign Examiner:	Reject _____	_____
All Other Assignments:	_____	Withdraw _____	_____
<u>\$1,000</u>	_____		
C (24) P (25)			

**APPLICATION FOR
 ASSIGNMENT OF LEASE, PERMIT OR RIGHT OF WAY
 AND ASSUMPTION OF INTEREST**

Type or print in ink.

LEASE, PERMIT, OR RIGHT OF WAY NUMBER _____ - _____

Partial Assignment
 Complete Assignment
 Name Change

TO AVOID REJECTION, COMPLETE ALL QUESTIONS, SIGN, NOTARIZE AND SUBMIT APPLICATION WITH REQUIRED DOCUMENTS AND NON-REFUNDABLE FILING FEE OF \$500 NAME CHANGE; \$2,500 PARTIAL ASSIGNMENT OF LONG TERM COMMERCIAL LEASE; \$1,000 ALL OTHER ASSIGNMENTS.

NOTICE: Any assignment of interest is not binding to either party or the State Land Department until this application has received the written consent of the STATE LAND COMMISSIONER.

1. APPLICANT(S):

A. ASSIGNOR NAME(S)
 (Also known as the Seller and State Lessee)

B. ASSIGNEE NAME(S)
 (Also known as the Buyer)

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone No _____

Email Address (optional) _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone No _____

Email Address (optional) _____

2. REQUEST TO ASSIGN INTEREST IN LEASE, PERMIT OR RIGHT OF WAY AND REQUEST TO ASSUME INTEREST OF LEASE, PERMIT OR RIGHT OF WAY:

Assignor(s) not being in default of the rental and/or the conditions of the state lease, permit or right of way does **HEREBY MAKE APPLICATION AND REQUEST** that the State Land Department authorize and consent to in writing, the assignment of all rights, title, interest and claim in and to the State lease, permit, or right of way no. _____ - _____

AND

Assignee(s) in consideration of the sum of _____ (\$ _____) paid to the assignor, does **HEREBY MAKE APPLICATION AND REQUEST** that the State Land Department authorize the transfer and assumption of all rights, title, interest and claim of the lease, permit or right-of-way described in this application. The assignee hereby assumes and agrees to perform all obligations of the lessee, permittee or grantee under the lease, permit, or right of way and accepts the lease, permit or right of way subject to all existing terms and conditions.

3. **PARTIAL ASSIGNMENT ONLY:**

If you are requesting assignment of only a portion of the land described in your lease, permit or right of way, complete below or attach a list to this application:

<u>TWN.</u>	<u>RNG.</u>	<u>SEC.</u>	<u>LEGAL DESCRIPTION</u>	<u>ACRES</u>	<u>COUNTY</u>	<u>SLD USE ONLY</u>		
						<u>CTY</u>	<u>GRT</u>	<u>PARCEL</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

4. **ENCUMBRANCES:** (This portion is to be completed by assignor.)

A. **Mortgage or lien:**

Are there any mortgages or liens on file with the Department? Yes ___ No ___

If YES, you **must** enclose a copy of the satisfaction or release of lien signed by the lien holder. If the lien is not paid, a written letter from all parties involved consenting to this assignment **must** be attached to this application.

NOTICE: Pursuant to A.R.S. § 37-255(A), your application cannot be processed without a release of all liens or a written consent from each party involved. Your application will be rejected if submitted without the required documents. For information regarding liens on file, contact: Land Information, Title & Transfer Division, (602) 364-3170.

B. **Sublease of Record:**

Are there any subleases on file with the Department? Yes ___ No ___ If YES, the current sublease will automatically terminate upon approval of this assignment. If it's the assignees intent to continue subleasing, a new application will need to be submitted.

C. **Overriding Royalty:** (Oil & Gas Leases only)

Does the assignment of this lease reserve to the Lessor an overriding royalty? Yes ___ No ___

If YES, indicate royalty percent: _____

5. **Escrow:** (For assignment of long term leases only, if applicable) Please provide escrow number _____

Please provide name and address of escrow agent: _____

6. **Other Files:** Are there other leases, permits or rights of way associated with this assignment? Yes ___ No ___

If YES, please provide a list and circle which ones will be assigned:

7. Do you have legal access to the proposed leased land? ___ Yes ___ No

If yes, state your legal access route: _____

8. **ASSIGNOR(S) COMPLETE AND SIGN PAGE 3 AND HAVE ALL SIGNATURES NOTARIZED ON PAGE 4.**

NOTE: Arizona is a community property state. If the assignor(s) of this application is/are married, the assignor(s) and his/her spouse **must** both sign and have this application notarized, unless the original lease, permit or right of way was issued with the statement "Sole and Separate Property".

9. **ASSIGNEE(S) COMPLETE AND SIGN PAGE 5 AND HAVE ALL SIGNATURES NOTARIZED ON PAGE 6.**

NOTE: If you wish to hold title as "sole and separate property" or "joint tenants with right of survivorship", please indicate in Question No. 1 (Page 1).

TO BE COMPLETED BY ASSIGNOR(S) A.K.A. SELLER(S)

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and sign the certification. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) Individual(s) Husband & Wife
 Corporation Ltd. Liability Co. Partnership Ltd. Partnership Estate Trust
 Joint Venture Municipality Political Subdivision Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:

- (A) Do you have authority from the Arizona Corporation Commission to transact business in the State of Arizona? Yes___ No___
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes___ No___
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes___ No___
 If no, state the Legal Corporate Name: _____

Address: _____
 (Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:

- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes___ No___
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes___ No___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes___ No___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this limited partnership on file with the Arizona Secretary of State? Yes___ No___
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):

Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
 (Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. 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/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.
 SIGNATURE(S)

 (Name of Corporation, Partnership, etc.) Signature of Assignor (Individual, Trustee, Personal Representative, etc)

 Signature Title Signature of Assignor (Individual, Trustee, Personal Representative, etc)

(Signatures must be notarized on page 4)

TO BE COMPLETED BY ASSIGNEE(S) A.K.A. BUYER(S)

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and sign the certification. **NOTE:** Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) Individual(s) Husband & Wife
 Corporation Ltd. Liability Co. Partnership Ltd. Partnership Estate Trust
 Joint Venture Municipality Political Subdivision Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:
- | NAME | AGE | MARITAL STATUS |
|-------|-------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

3. CORPORATION: Complete the following:
- (A) Do you have authority from the Arizona Corporation Commission to transact business in the State of Arizona? Yes ___ No ___
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes ___ No ___
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes ___ No ___
 If no, state the Legal Corporate Name: _____
 Address: _____
(Street or Box Number) (City) (State) (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:
- (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes ___ No ___
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes ___ No ___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes ___ No ___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal:
- | NAME | ADDRESS | AGE | MARITAL STATUS |
|-------|---------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. LIMITED PARTNERSHIP: Is this limited partnership on file with the Arizona Secretary of State? Yes ___ No ___
 Complete the following for the authorized general partner(s) only:
- | GENERAL PARTNER(S) NAME | BUSINESS ADDRESS |
|-------------------------|------------------|
| _____ | _____ |
| _____ | _____ |

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
 Name of the court appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____
(Type of Document) (Date issued)

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:
- | NAME | ADDRESS | AGE | MARITAL STATUS |
|-------|---------|-------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. 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/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

SIGNATURE(S)

 (Name of Corporation, Partnership, etc.) Signature of Assignee (Individual, Trustee, Personal Representative, etc)

 Signature Title Signature of Assignee (Individual, Trustee, Personal Representative, etc)

(Signatures must be notarized on page 6)

REQUIRED INFORMATION:

The following information must be provided to assist the Department in processing your application and returning all documents to the correct individual or firm.

APPLICATION SUBMITTED BY:

**RETURN COMPLETED ASSIGNMENT
TRANSACTION TO:**

(Name of individual and/or firm)

(Name of individual and/or firm)

Mailing Address

Mailing Address

City State Zip

City State Zip

Contact Person Phone

Contact Person Phone

Email Address (optional)

Email Address (optional)

IMPORTANT NOTICE: Your application will be rejected and the non-refundable filing fee will be forfeited if this application is submitted without the required documents, notarized signatures and all pertinent questions answered.

**ASSIGNEE (BUYER)
READ CAREFULLY:**

Pages 8 through 14 are specific questions that are required to be answered by the Assignee (Buyer) and returned with the application. Complete only the appropriate pages which pertain to the specific type of lease or permit being assigned.

Grazing Complete Pages 8, 9 & 14

Commercial..... Complete Pages 10 & 11

Homesite.....Complete Page 12

Agriculture.....Complete Pages 13 & 14

Right-of-Way..... You may discard pages 8-14

Minerals/Oil & Gas..... You may discard pages 8-14

All applicants must complete the Environmental Disclosure Questionnaire.

GRAZING ASSIGNMENT APPLICANT ONLY:

Lease or Permit No. _____ - _____

Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume a Grazing lease/permit. (Pages 10 thru 13 may now be discarded.)

No credit shall be given to the applicant for any claimed grazing use of private or federal lands within the ranch unit, unless disclosed at this time, or subsequently disclosed by an amended statement of your ranch holdings.

1. Do you control a federal grazing allotment that will be used in association with this grazing lease? Yes ___ No ___
If yes, indicate the following:

a. Total acres/Name of federal allotment: _____

b. Administering agency/Office location: _____

2. Do you own contiguous land which will be used in connection with this State grazing lease? Yes ___ No ___
If yes, indicate the total acres _____, and attach supporting documentation to show proof of ownership.

3. Do you control any contiguous private land by written agreement that will be used in connection with this State grazing lease? Yes ___ No ___. If yes, indicate the total acres _____. A copy of each written agreement for private lands you control but do not own must be attached or your application may be returned.

4. Have you attached a current copy of your certificate indicating proof of an Arizona Registered Brand? Yes ___ No ___
If not, your application will be returned.
NOTE: Brand Certificate must be in the same name as assignee.

5. Do you intend to use the leased land for livestock grazing? Yes ___ No ___

6. Indicate the type of livestock operation you intend to manage on the subject land:

___ cattle ___ horses ___ sheep ___ goats
___ cow/calf ___ cow/calf/stocker ___ cow/calf/yearling ___ stocker other _____

7. Indicate the time of year livestock will be grazed upon the subject land: (check one)

___ year long ___ seasonal: Date of use, from _____ to _____

8. Do you claim superior right to lease this tract by virtue of private land holdings, private land leases, water rights, or federal permits, improvements or other equities in the vicinity of same? Yes ___ No ___. If yes, explain in detail:

9. COMPLETE MAP ON PAGE 9.

10. COMPLETE IMPROVEMENT QUESTIONNAIRE ON PAGE 14.

COMPLETE THIS MAP, COLOR CODE THE VARIOUS CATEGORIES OF LAND OWNERSHIP OR CONTROL AS FOLLOWS:

- | | |
|--|--|
| <p><input type="checkbox"/> 1. Location of perimeter fencing (---x---x---x)</p> <p><input type="checkbox"/> 2. Location of major cross fencing (---/---/---)</p> <p><input type="checkbox"/> 3. Location of State leased land within your ranch boundaries = blue</p> <p><input type="checkbox"/> 4. Location of any federal land you control within your ranch boundaries = yellow</p> <p><input type="checkbox"/> 5. Location of any private land you own within your ranch boundaries = red</p> | <p><input type="checkbox"/> 6. Location of any private land you control by written agreement within your ranch boundaries = green</p> <p><input type="checkbox"/> 7. Location of any uncontrolled land within your ranch boundaries = orange</p> <p><input type="checkbox"/> 8. Indicate the appropriate township and range in the blanks provided along the margins of the plat</p> <p><input type="checkbox"/> 9. Provide smaller subdivisions, if needed.</p> |
|--|--|

You may submit the map information on the plat below, or on a county highway map, BLM, or Forest Service allotment map.

INDICATE SCALE OF MAP:

Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume a Commercial lease. (Pages 8, 9 and 12 thru 14 may now be discarded.)

1. Give full description of the nature of the business, or businesses that you propose to operate on the land being applied for:

NOTE: THE LEASE ONLY PERMITS THE USE OF THE LAND FOR THE PURPOSES EXPRESSLY STATED IN THE CONTRACT AND CANNOT BE CHANGED WITHOUT PRIOR WRITTEN APPROVAL FROM THE DEPARTMENT.

2. What is your plan of operation? (If you plan to develop this parcel, you must include a conceptual plan to complete this application). A complete site plan will be required before you begin any grading or construction. The State Land Department development guidelines may apply. Indicate dates you intend to start. Complete page 11, PART I. (*To request assistance completing this questionnaire, contact (602)542-3000.*)
3. Pursuant to A.R.S. §37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there any improvements on the parcel of land you are applying to lease? Yes ___ No ___. If yes, list each improvement and if requested by the Department, provide proof of ownership of the improvements by submitting a copy of a notarized Bill of Sale from the owner, or a notarized letter from the owner stating that he/she has relinquished any claim to ownership and reimbursement for the improvement(s) on page 11, PART II.

NOTE: Above does not apply to Long Term Commercial Leases.

4. Are any improvements or changes in existing improvements, to be constructed or installed on the leased land? Yes ___ No ___. If yes, complete page 11, PART III.
5. What is the estimated date of completion of the proposed improvement(s)? _____

NOTE: Approval of this assignment application does not constitute approval of any improvements nor confers ownership. Upon approval of the lease assignment, if the Lessee intends to construct improvement(s), the Lessee must submit to the Department an Application to Place Improvements. Improvement(s) cannot be constructed without the Department's approval.

Pursuant to A.R.S. § 37-321, Lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.

6. What is, or will be, the source of water for the use of the land being applied for?

7. What is, or will be, the source of utilities for the use of the land being applied for?

PART I. Plan of Operation(s): (Include starting date.)

PART II. Existing Improvements:

TYPE OF IMPROVEMENT

LEGAL DESCRIPTION / LOCATION

PART III. Proposed Improvements:

DESCRIPTION

ANTICIPATED VALUE

OWNERSHIP

Assignee (*Buyer*) will need to complete these questions **and** the Environmental Disclosure Questionnaire if you are applying to assume a Homesite lease. (Pages 8 thru 11, 13 and 14 may now be discarded.)

1. What is, or will be, the source of water for the use of the land being applied for?

2. What is, or will be, the source of utilities for the use of the land being applied for?

3. Pursuant to A.R.S. §37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there any improvements on the lands applied for at this time? Yes ____ No ____ If yes, list each improvement and if requested by the Department, provide proof of ownership of the improvements by submitting a copy of a notarized Bill of Sale from the owner, or a notarized letter from the owner stating that he/she has relinquished any claim to ownership and reimbursement for the improvement(s) under PART I below.
4. Are any improvements or changes in existing improvements to be constructed or installed on the leased land? Yes ____ No ____ . If yes, complete PART II below.
5. What is the estimated date of completion of the proposed improvement(s)? _____

NOTE: Approval of this assignment application does not constitute approval of any improvements nor confers ownership. Upon approval of the lease assignment, if the Lessee intends to construct improvement(s), the Lessee must submit to the Department an Application to Place Improvements. Improvement(s) cannot be constructed without the Department’s approval.

Pursuant to A.R.S. § 37-321, Lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.

PART I. Existing Improvements:

TYPE OF IMPROVEMENT

LEGAL DESCRIPTION / LOCATION

PART II. Proposed Improvements:

DESCRIPTION

ANTICIPATED VALUE

OWNERSHIP

Assignee (*Buyer*) will need to complete these questions and the Environmental Disclosure Questionnaire if you are applying to assume an Agriculture lease/permit. (Pages 8 thru 12 may now be discarded.)

1. If your application to assign is approved, do you intend to farm the subject lands? Yes ____ No ____.

a. If yes, how many acres will be farmed? (Please attach proposed farm plan.) _____

b. If no, indicate reason: _____

2. Is this application for an agriculture lease located within an irrigation district? Yes ____ No ____. If yes, a copy of the paid irrigation tax receipt must be submitted with this application.

NOTE: *If the acreage under this application is located within a Central Arizona Project irrigation district, the assignment will not be approved unless the assignee has filed the proper acreage certification form with the irrigation district. Please contact the irrigation district for forms and information.*

3. If the lands under the lease are located within an Active Management Area or Irrigation Non-Expansion Area, have you reviewed the annual allotment of water, regulated by the Arizona Department of Water Resources (ADWR), with which to irrigate eligible acres? ____ Yes ____ No.

Have you reviewed the status of the flexibility account for the Irrigation Grandfathered Right (IGR)? ____ Yes ____ No.

NOTE: *The annual allotment of water may be reduced pursuant to management plan requirements developed and enforced by ADWR. If the flexibility account has a debit balance that exceeds 50% of the allotment during a calendar year, a transfer of credits to the IGR would be required to avoid enforcement by ADWR and the Department. Please contact either ADWR or the Department's Water Rights Section (602) 542-3500 for assistance.*

4. COMPLETE IMPROVEMENT QUESTIONNAIRE ON PAGE 14.

IMPROVEMENT QUESTIONNAIRE

GRAZING & AGRICULTURE ASSIGNMENT APPLICANTS ONLY:

Lease or Permit No. _____ - _____

IMPROVEMENT INFORMATION:

Pursuant to A.R.S. § 37-322.01 the succeeding Lessee is required to reimburse the previous Lessee for improvements. Are there improvements on the parcel of land you are applying to lease? ____ Yes ____ No. If yes, list each improvement below and if requested by the Department, provide proof of ownership of the improvements by submitting a copy of a notarized Bill of Sale from the owner, or a notarized letter from the owner stating that he/she has relinquished any claim to ownership and reimbursement for the improvement(s).

(If needed, additional sheet can be attached) Note: Do not attach Departmental computer print-out list of improvement records.

TYPE OF IMPROVEMENT

LEGAL DESCRIPTION / LOCATION

Approval of this assignment application does not constitute approval of any improvements nor confers ownership. Upon approval of the lease assignment, if the Lessee intends to construct improvement(s), the Lessee must submit to the Department an Application to Place Improvements. Improvement(s) cannot be constructed without the Department's approval.

Pursuant to A.R.S. § 37-321, Lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.

ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE

These two pages are part of the application - DO NOT DETACH.

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	_____
_____	_____	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
_____	_____	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
_____	_____	<u>PESTICIDES?</u> If yes, explain use: _____	_____
_____	_____	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	_____
_____	_____	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	_____
_____	_____	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	_____
_____	_____	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
_____	_____	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
_____	_____	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	_____
_____	_____	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	_____
_____	_____	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	_____

(OVER)

YES NO WILL YOUR USE INVOLVE: TYPE OF ENVIRONMENTAL IMPACT

_____ HAZARDOUS WASTE TRANSPORTATION? If yes, explain: _____

_____ UNDERGROUND STORAGE TANK (UST)? If yes, explain: _____

_____ ABOVEGROUND STORAGE TANK (AST)? If yes, explain: _____

_____ HAZARDOUS SUBSTANCES? If yes, explain: _____

_____ CURRENTLY UNCLASSIFIED WASTE Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:

- | | | |
|---|--|---|
| <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 septage |
| <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 Sludges |
| <input type="checkbox"/> Aluminum dross | <input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation) | |

If checked, explain waste generation process: _____

_____ SUPERFUND SITES Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?
If yes, NPor WQARF area name: _____

_____ LAND DISTURBANCE If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____

_____ WATER WELLS Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).

_____ ADJACENT LAND USES To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____

_____ ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location?
If yes, explain: _____

_____ PREVIOUS ENVIRONMENTAL IMPACT To the best of your knowledge, has any environmental impact been reported previously to ADEQ?
If yes, explain: _____

ADDITIONAL COMMENTS: