



**Maryland Department of Agriculture
CERTAINTY AGREEMENT INTER-FAMILY TRANSFER FORM
MARYLAND AGRICULTURAL CERTAINTY PROGRAM**

This INTER-FAMILY TRANSFER is made on this ____ day of _____, 20____,
by _____. I/We do hereby transfer the Certainty
Agreement # _____ to _____,
who will be taking over my agricultural operation and become responsible for all of the Certainty
Program requirements for the duration of the contract ending on ____/____/____.

New Operators Information:

Name : _____

Mailing Address: _____

Phone Numbers: home: _____ cell: _____

Signature of Operator, Grantor

The above operator certifies that she or he has the authority to execute this transfer of the Certainty Agreement to a qualifying family member.

Signature of Grantee to Certainty Agreement

State Family Relation: _____

Original Certainty Operator Name

(type or print clearly)

Subscribed and Sworn before me, a Notary Public, this ____ day of _____, 20____.

Notary Signature

Notary Name typed or printed clearly

My commission expires: