

Intent to Certify Form

SITE INFORMATION

Site Name _____ Site or Park _____

Site Address _____

Jurisdiction _____ Acres _____

Latitude & Longitude _____

APPLICANT INFORMATION

Owner / Representative _____

Mailing Address _____

Phone Number _____ Email _____

ACKNOWLEDGEMENT

All correspondence and inquiries regarding this site will be addressed to the above. I certify that this individual is authorized to represent the property through this certification process, and that this individual is responsible for all future negotiations/representations of the property. I would like to be contacted by a NNDA coordinator to receive the NNDA Certified Sites Guidelines and Checklist to understand the requirements that a site must meet to be certified. Additionally, I realize that awarding certification is at the discretion of the NNDA Certified Sites Program Committee and is dependent on the qualities of the site and the materials prepared to fulfill the requirements of the program. By applying, I acknowledge that certification is not guaranteed.

Signature _____ Date _____

Printed Name _____ Title _____