

3. PURPOSE OF SUBLEASE:

Check one: Livestock Grazing Agricultural Use Commercial Use

A. LIVESTOCK GRAZING:

Does SUB-LESSEE have an Arizona Registered Brand? Yes No

NOTE: Sublessee must attach a certificate indicating proof of an Arizona Registered Brand or this request for permission to sublease will be returned.

B. AGRICULTURAL USE:

If the purpose of the sublease is irrigation, and the land under the lease is 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 Right Management Section for assistance.

C. COMMERCIAL USE:

If this sublease is for telecommunication purposes, Sublessee must obtain a Special Land Use Permit. Have you applied for a Special Land Use Permit? Yes No

4. TERM:

Requested term of this sublease/pasture agreement is: From _____ to _____.

NOTE: The term of the sublease/pasture agreement cannot exceed the term of the State Lease.

5. CONSIDERATION: Specify the *monetary compensation being paid by the Sublessee:

(*Lessee is obligated to pay the Department annual rent, regardless of the rental value reached between the Lessee and Sublessee)

\$ _____ PER AUM \$ _____ ANNUALLY \$ _____ OTHER

6. SUB-LESSOR(S) - COMPLETE AND SIGN PAGE 3. (Sub-lessor(s) must be the same as on the State lease.)

7. SUB-LESSEE(S) - COMPLETE AND SIGN PAGE 4.

FOR DEPARTMENT USE ONLY

The State Land Commissioner, by virtue of the authority vested in him by law hereby grants permission to sublease or pasture the State Lands herein described from _____ to _____.

This permission is granted subject to all terms and conditions herein stated or attached and made a part hereof.

If this box is checked, additional terms and conditions are attached to this document and are made a part hereof.

(SEAL)

STATE OF ARIZONA
ARIZONA STATE LAND COMMISSIONER

By _____

Date _____

TO BE COMPLETED BY SUB-LESSOR(S) (STATE LESSEE) "1A"

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/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company _____ 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 do 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 in the partnership or joint venture:

NAME	BUSINESS 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.)	_____ Date	_____ Signature of Sub-Lessor (Individual)	_____ Date
---	---------------	---	---------------

_____ Signature	_____ Title	_____ Signature of Sub-Lessor (Individual)	_____ Date
--------------------	----------------	---	---------------

TO BE COMPLETED BY SUB-LESSEE(S) "1B"

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/or the organization you represent and sign the certification or your application will not be processed. NOTE: Applicant must complete item #1.

1. Is this application made in the name of: (Applicant must check one) _____ Individual(s) _____ Husband & Wife
 _____ Corporation _____ Partnership _____ Limited Partnership _____ Limited Liability Company _____ 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 do 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 in the partnership or joint venture:

NAME	BUSINESS 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.)	_____ Date	_____ Signature of Sub-Lessee (Individual)	_____ Date
_____ Signature	_____ Title	_____ Signature of Sub-Lessee (Individual)	_____ Date

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)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
_____	_____	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____ _____	
_____	_____	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____ _____	
_____	_____	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____ _____	
_____	_____	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____ _____	
_____	_____	<u>CURRENTLY UNCLASSIFIED WASTE</u> 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"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
_____	_____	<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
_____	_____	<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
_____	_____	<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
_____	_____	<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
		<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Contaminated process equipment
		<input type="checkbox"/> Industrial Sludges	
		If checked, explain waste generation process: _____ _____	
_____	_____	<u>SUPERFUND SITES</u> 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: _____	
_____	_____	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____ _____	
_____	_____	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
_____	_____	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____ _____	
_____	_____	<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> 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: _____ _____	
_____	_____	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ? If yes, explain: _____ _____	

ADDITIONAL COMMENTS:

**SUBLEASE OR PASTURE AGREEMENT REQUEST AND PERMISSION
INFORMATION SHEET**

To avoid having your application rejected, please **READ** prior to submitting the attached.

1. FILING INSTRUCTIONS:

- A. Submit application with non-refundable filing fee.
- B. Complete all of pages 1 and 2.
- C. Complete the Environmental Disclosure questionnaire.
- D. The term of the sublease/pasture agreement cannot exceed the term of the lease.
- E. Sublessor(s) complete and sign certification page 3.
- F. Sublessee(s) complete and sign certification page 4.

NOTE: The Lessee is responsible of notifying the Department of any changes.

2. SIGNATURE(S):

This application **MUST BE SIGNED BY ALL SUBLESSORS (See Page 3) AND SUBLESSEES (See Page 4).** If anyone other than sublessor(s)/sublessee(s) signs this application, a notarized written authorization (Power of Attorney) must accompany the application. An additional \$50.00 filing fee is required when filing a Power of Attorney.

3. PROCESSING TIME:

Plan ahead and expect a minimum of 30 – 90 days for this application to be reviewed by the State Land Department.

4. GRAZING LESSEES ONLY:

- A. Pursuant to A.R.S. § 37-283, grazing subleases are subject to a surcharge.
- B. Current Arizona Registered Brand certificate must be attached and in Sublessee's name.

5. AGRICULTURAL LESSEES ONLY:

If applicable in your lease, agricultural subleases are subject to a surcharge.

6. COMMERCIAL LESSEES ONLY:

If this is for telecommunication purposes, you must apply for a Special Land Use Permit.

7. TERMINATION OF SUBLEASE: (to avoid unnecessary surcharges)

In the event the sublease/pasture agreement is terminated, all lessees and sublessees must sign a termination form. If needed, forms are available by calling the Title & Contracts Section at (602) 542-4602.

8. ASSISTANCE:

If required, contact one of the following for technical assistance.

Agriculture	(602) 542-3500
Commercial	(602) 542-1704
Grazing	(602) 542-4625