

# Stearns County AIS Prevention Refund Application for Water Related Equipment Moving From Stearns County Lakes and Rivers

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**Instructions:** Applicant to fill out Seller's Information, Description of Equipment Being Sold, and Buyer's Information. Seller agrees to the following conditions to be eligible for this award:

- *Eligible-water related equipment is to be moved from Stearns County lakes and rivers.*
- *Water-related equipment is to be cleaned prior to transportation. (No plants or animals present.)*
- *Owner will allow first and second inspections and photographs of the water-related equipment on site.*
- *Boats, pontoons, and trailers are not eligible for this award.*

**Seller's Information:**

Name: \_\_\_\_\_ Water Body: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Description of equipment being sold: \_\_\_\_\_

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**Buyer's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Water Body: \_\_\_\_\_

Send completed application to: Susan McGuire, Stearns County Environmental Services, Room 343, 705 Courthouse Square, St. Cloud MN 56303  
Or email to [susan.mcguire@co.stearns.mn.us](mailto:susan.mcguire@co.stearns.mn.us) Phone (320) 656-3613

Please be aware that a Form W-9 will be required prior to payment.

**VERIFICATION FOR AWARD**

A qualified inspector will verify that the equipment is free of all aquatic plants and zebra mussels and that the equipment is dry for 29 days.

**First Physical Visit**

Special information to assist second inspection: \_\_\_\_\_

\_\_\_\_\_  
(Take a photograph of the equipment, include where it is located. Note any AIS if found, and include in photo.)

Inspector's name: \_\_\_\_\_ Date of visit: \_\_\_\_\_

**Second Physical Visit**

Description of equipment on second visit: \_\_\_\_\_

\_\_\_\_\_  
(Take a photograph of the equipment, include where it is located, compare to first photo. Is equipment cleaned of any AIS and dry?)

Inspectors name: \_\_\_\_\_ Date of SECOND visit: \_\_\_\_\_

(Dates must meet minimum days out of water in program, 29 days.)

Inspector's Comments: \_\_\_\_\_

\_\_\_\_\_  
Award approval signature: \_\_\_\_\_

Date: \_\_\_\_\_