



DEPARTMENT OF AGRICULTURE  
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**APPLICATION FOR TRACTOR CLEARING OF AGRICULTURAL FARM LAND**

1. NAME OF FARMER: \_\_\_\_\_

2. BUSINESS NAME : \_\_\_\_\_

3. FARM ADDRESS: \_\_\_\_\_

(PH): \_\_\_\_\_

(FAX): \_\_\_\_\_

(EMAIL): \_\_\_\_\_

4. ARE YOU A REGISTERED FARMER: (YES) \_\_\_\_\_ : (NO) \_\_\_\_\_

5. WHAT IS YOUR LAST FARMER'S REGISTRATION CERTIFICATE NUMBER:  
\_\_\_\_\_

6. WHAT IS THE DATE OF YOUR LAST FARMER'S REGISTRATION CERTIFICATE  
\_\_\_\_\_

(supply copy)

7. SIZE OF FARM: \_\_\_\_\_

8. SIZE OF FARM TO BE TRACTOR CLEARED: \_\_\_\_\_

9. APPROX. COST TO CLEAR FARM LAND: \_\_\_\_\_

(Attach three quotations)

10. NAME OF TRACTOR VENDOR TO CONDUCT TRACTOR SERVICE:  
\_\_\_\_\_

(supply copy of Invoice showing payment)

11. AMOUNT PAID TO TRACTOR VENDOR:  
\_\_\_\_\_

(supply copy of Receipt showing payment)

12. \_\_\_\_\_

SIGNATURE OF FARMER

DATE

\_\_\_\_\_  
AGRICULTURAL OFFICER

\_\_\_\_\_  
DATE

or

AGRICULTURAL REPRESENTATIVE

**FOR OFFICAL USE ONLY**

• WAS TRACTOR ACTIVITY SATISFACTORILY COMPLETED: YES \_\_\_\_\_; NO \_\_\_\_\_

• DATE LAND CLEARING COMPLETED: \_\_\_\_\_

• APPROVAL FOR VENDOR PAYMENT RECOMMENDED: YES \_\_\_\_\_; NO \_\_\_\_\_

IF NO SPECIFY: \_\_\_\_\_