

Guam Department of Agriculture
Division of Agricultural Development Services (ADS)
163 Dairy Road Mangilao, Guam
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AGRICULTURAL ASSESSMENT FORM (AAF-26)

Name: _____
(Last) (First) (M.I.)

DBA (if applicable): _____ No. of workers: _____

Farm Village: _____ Email: _____

Contact Number(s): _____ Last 4 digits of SSN: _____

Mailing Address: _____

Farm Address/GPS Coordinates: _____

Please circle:

Gender: Female / Male / Prefer not to say

Disability: Yes / No / Prefer not to say

Veteran: Yes / No

Citizenship: US / FSM / RMI / Palau / Other: _____

To better understand our demographic for farm data, how would you describe your ethnicity?

Please circle:

CHamoru / Pacific Islander / Asian / Native American / Black / Hispanic / White / Other: _____

PURPOSE OF VISIT:

Bona Fide Certification

Agricultural Water Rate

Re-inspection/Inactive

LAND INFORMATION:

Privately owned

CHamoru Land Trust (CLTC)

Leasing Land

Lot #: _____

Total Acreage: _____

Acreage Farmed: _____

Square Feet: _____

TYPE OF AGRICULTURAL VENTURE:

Apiculture Aquaculture

Crop Production

Fruit Trees

Fungiculture Hydroponic

Livestock

Medicinal

Microgreens Ornamentals/Nursery

Poultry

Cannabis

Other: _____

For official use only:

Inspection date: _____

Time: _____

Inspection Verified By: _____