**Nomination of an Authorised Person on behalf of the farm business to:**

* **Receive paper copy of the Single Application to allow them to complete calculations for the NAP**
* **Submit a NAP Derogation application**
* **Submit a NAP Derogation Fertilisation account**
* **Submit online manure export records (for non-derogated farms)**

**Completed forms should be submitted via email, in person or by post to a DAERA Direct Office - Addresses and emails of local DAERA Direct Offices can be found at the link below.**

<https://www.daera-ni.gov.uk/contacts/daera-direct-regional-offices>

**Section 1. Farm Business**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name:** |  | **Business ID** |  |
| **Business Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Name of business contact:** |  |
| **Telephone:** |  | **E-mail:** |  |

**Section 2. Authorised Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Business Name:** |  | **Agent ID** |  |
| **Business Address:** |  |
|  |
|  |
| **Postcode:** |  |
| **Name of business contact:** |  |
| **Telephone:** |  | **E-mail:** |  |

**Section 3: Declaration**

On behalf of the farm business listed in Section 1, I authorise DAERA to provide the person named in Section 2 with:

|  |
| --- |
| **A paper copy of my Single Applications for**:(This authorisation is only required where an Authorised Person has not got authorisation to complete, submit and view the Single Application and Maps, submit online and paper applications to transfer Basic Payment Scheme Entitlements on behalf of the farm business) |
|  | for the scheme year(s) (Enter specific scheme years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Online access to allow them to submit a**:*(Select ALL boxes that apply)* |
|  | Nitrates Derogation application  |
|  | Nitrates Derogation Fertilisation account  |
|  | Manure export records form (for non-derogated farms)  |

***Note: The above authorisations will remain valid until they are revoked by the farm business***

In signing this declaration, I accept that the Department will not be liable for any direct or indirect loss or liability to this farm business as a result of this authorised person acting on my behalf.

I understand that I am signing this form on behalf of all members of the business and confirm that all members are in agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of farm business member:** |  | **Date:** |  |
| **Name: *(Block capitals)*** |  |  |  |
| **Signature of authorised person:** |  | **Date:** |  |
| **Name: *(Block capitals)*** |  |  |  |

**Section 4: Official Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Actioned by** |  | **Payroll No:** |  |
| **Customer/Agent Confirmation Letter(s) Issued** | **Date of Issue:** |  |
| **Name:** |  | **Payroll No:** |  |