**STATEMENT OF MARKET VALUE**

DNRC - TRUST LAND DIVISION  
Agriculture & Grazing Management Bureau

»» NOTE: PAYMENT MUST BE SUBMITTED WITHIN 10 DAYS OF THE MARKET VALUE DATE

(To be completed by lessees who purchases the state share of crop production)

All market value quotes for purchasing state wheat, barley, peas, lentils, mustard, beans, flax, sunflower, and canola must be based on test results obtained from the state grain laboratory. **The state grain lab certificate must be included with this statement of market value and the production report.** DNRC will allow the lab cost to be deducted from your payment. **Taxes can not be deducted when Lessee is buying the State's Share.**

<table>
<thead>
<tr>
<th>SECTION 1 - To be completed by authorized dealer/grain elevator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today's Market Date:</strong> ___________________________</td>
</tr>
<tr>
<td><strong>Crop Sample:</strong> ___________________________</td>
</tr>
<tr>
<td><strong>Test Weight (based on lab cert.):</strong> ______________________</td>
</tr>
<tr>
<td><strong>Grade (based on lab cert.):</strong> ____________________________</td>
</tr>
<tr>
<td><strong>Protein (based on lab cert.):</strong> ___________________________</td>
</tr>
<tr>
<td><strong>Other (based on lab cert.):</strong> _____________________________</td>
</tr>
<tr>
<td><strong>Present Market Value:</strong> _________________________________</td>
</tr>
</tbody>
</table>

I affirm that the above information is true and correct to the best of my knowledge.

_________________________________________________________  
Signature of Grain Dealer  
_________________________________________________________  
Company Name

_________________________________________________________  
City  
_________________________________________________________  
Phone

**IMPORTANT:** Payment must be submitted within 10 days of the market value date in order to use the quoted price. All prices and payments are subject to approval by the Department of Natural Resources and Conservation.

»»»  

<table>
<thead>
<tr>
<th>SECTION 2 - To be completed by Lessee</th>
</tr>
</thead>
</table>
| **Harvest Date (required):** ___________  
**Agreement #** _______________ |
| **Legal Description:** Township _____ N/S  
Range _____ E/W  
Section _____  |

I affirm that the crop sample submitted for testing is representative of the crop harvested on above described state lands this year.

_________________________________________________________  
Signature of Lessee: ________________________________  
**Date:** ___________________