

**NATIVE HAWAIIAN ORGANIZATION STEWARDSHIP TRAINING PROGRAM  
PROPERTY OWNER PERMISSION TO CONDUCT TRAINING and ACCESS**

I, the undersigned, attest that I am the owner or authorized land manager for the property named below and have agreed to permit the Native Hawaiian Organization \_\_\_\_\_ to conduct activities related to the Native Hawaiian Organization Stewardship Training Program for the project \_\_\_\_\_.

The permission to conduct the training activity includes the following terms and conditions (write "none" if not applicable, otherwise, describe any access conditions or restrictions):

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**CONTACT INFORMATION**

Property Owner/Authorized Agent	
Contact Mailing Address	
Telephone	
Email	
Property Address for Stewardship Training Program	
Name of Native Hawaiian Organization	

**SIGNATURE**

Property Owner Authorized Representative (Printed)	Property Owner Authorized Representative Signature
Title	Date