

Virginia Nutrient Management Golf Course Work Plan Form

Planner Name and Certification #: _____

Name of Golf Course to be planned: _____

Expiration date of current plan (if applicable): _____

Acres to be planned: _____

County: _____

Consent of Golf Course Representative

I understand the person mentioned above (Planner Name and Certification #) is a Virginia Certified Nutrient Management Planner, and agree to his/her development of a nutrient management plan for the above mentioned golf course. I understand that this planner will receive compensation from the Department of Conservation and Recreation for this service. *It should be noted that the compensation paid by the Department for the planner represents a subsidy towards the planner's normal fee for services provided.*

Signature of Golf Course Representative

Date

Title/Position of Representative

Signature of Planner

Date