

POULTRY LITTER TRANSPORT INCENTIVE - Request Form

INCENTIVE PAYMENT APPLICANT

NAME: _____

SOCIAL SECURITY #: _____ OR FEDERAL TAX IDENTIFICATION # _____

ADDRESS: _____

_____ COUNTY: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

TONS OF LITER TO BE APPLIED: _____ SOURCE COUNTY: _____

► **Attach a completed “Request for Taxpayer Identification Number and Certification (Virginia W-9) Tax Form.”**

1. **Obtain a current Nutrient Management Plan (NMP) that includes all fields scheduled to receive poultry litter transported through this program.** (The plan must have been prepared by a nutrient management planner certified by the Virginia Department of Conservation and Recreation.) **Litter must be applied as specified in the nutrient management plan.**
2. Up to **800** tons of litter may be eligible per applicant, per incentive request. Certified scale weight tickets showing the litter tonnage transported are required.
3. Fields scheduled to receive poultry litter transported through this program must have a Virginia Tech soil test phosphorus reading not exceeding the maximums shown in the program description.
4. **No** mortality (composted or otherwise) will be shipped as part of this incentive program. Litter containing mortality in **any** form will **not** qualify for payment.
5. Poultry litter must originate on farms in Page, Rockingham or Accomack counties.
6. **To receive an incentive payment through this program, litter must be transported to a final destination in the counties listed in sections G, H, and I of the program description.**
7. Litter off-loading and storage at the receiving site must be in accordance with the requirements of the Virginia Department of Environmental Quality **Fact Sheet: Requirements for Poultry Litter Use and Storage.**
8. Completed “Poultry Litter Transport Incentive Request Forms” are valid for the current fiscal year, beginning July 1, 2023 and ending June 30, 2024.
10. Virginia DCR and the Virginia Poultry Federation assume no liability regarding quality of poultry litter transported and applied under this program.

SIGNATURE: _____ DATE: _____

FOR DCR USE ONLY

APPROVED: YES NO

AUTHORIZED SIGNATURE: _____ DATE: _____