

APPLICATION FOR NUTRIENT MANAGEMENT CERTIFICATION

Mail To:

Department of Conservation & Recreation
Division of Soil & Water Conservation
P. O. Box 1425
Tappahannock, VA 22560
Phone: (804) 443-6752
FAX: (804) 443-4534

Application Fee \$100.00

Enclose check or money order **Payable** to **"Treasurer of Virginia"**

For Agency Use Only 8/09

Date App. Rec'd _____

Check Number _____

Check Date _____

DCR Receipt _____

DCR Date _____

Exam Date _____

1. NUTRIENT MANAGEMENT CATEGORY

Agriculture Turf & Landscape Both

If both, are you currently certified as a VA NM Planner? Yes No If yes, Certification # _____

2. APPLICANT

Driver's License ID #: _____

Name: _____

Address: _____ Phone #: _____

_____ City _____ State _____ Zip

E-Mail Address: _____

3. EMPLOYMENT/BUSINESS INFORMATION

a. Present Employment

Agency or Business Name: _____ Employment Date: _____

Address: _____

_____ City _____ State _____ Zip

Phone #: _____ Mobile #: _____

Position Held: _____ Supervisor: _____

Duties: _____

Nature of work (check as many as apply:) Sales, Application or Permitting of: Fertilizer

Biosolids Manure; Crop Consultant; Farming Government Agency: _____;

Other _____

b. Former Employment

Agency or Business Name: _____ Dates _____ to _____
(mo/yr) (mo/yr)

Address: _____

City _____ State _____ Zip _____

Phone #: _____ Position Held: _____

Supervisor: _____ Duties: _____

Nature of work (check as many as apply:) Sales, Application or Permitting of: Fertilizer
 Biosolids Manure; Crop Consultant; Farming; Government Agency: _____
Other _____

4. CERTIFICATION OPTIONS – See Explanation of Nutrient Management Related Education and Experience attachment when filling out the next three sections. Your application will be evaluated based on the Option you select.

Option 1. Applicant requires only to successfully pass the Virginia Nutrient Management Examination to meet CCA requirements only, and does not want to be a Certified Virginia Nutrient Management Planner.

If you have selected Option 1 you will **not** be eligible for certification. You do not need to complete the rest of the form, sign here, and return to address on front of form.

Signature

Date

See Eligibility Requirements under §4 VAC 5-15-40 of the Nutrient Management Training and Certification Regulations when filling out the next two sections.

Option 2. Applicant is applying to become a Certified Virginia Nutrient Management Planner.

Agriculture Turf & Landscape Both

If you have selected Option 2, please complete the entire form.

Option 3. Applicant holds a valid Nutrient Management Certificate from Maryland or Pennsylvania and is applying to become a Certified Virginia Nutrient Management Planner.

Agriculture Turf & Landscape Both

If you have selected Option 3, please include a photocopy of your current certificate, skip Section 5 (Education and Training Related to Nutrient Management.) You will need to complete Sections 6-8.

5. EDUCATION AND EXPERIENCE

a. College or University/City: _____
Years Completed _____; Degree & Major Field of Study _____
_____ Date Graduated: _____

College or University/City: _____
Years Completed _____; Degree & Major Field of Study _____
_____ Date Graduated: _____

Please attach a photocopy of college transcripts if you are using your degree as criteria for eligibility determination. See Section 4 VAC 5-15-40.

b. Training Related to Nutrient Management

Title: _____ Sponsor: _____
Location: _____ Date(s): _____
Total Hours of Instruction: _____

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Total Hours of Instruction: _____

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Location: _____ Date(s): _____
Total Hours of Instruction: _____

c. **Additional Nutrient Management Experience**

Experience

Agency or Business Name: _____ Phone #: _____

Address: _____

City State Zip
Position Held: _____ Supervisor: _____

Employed from: _____ to _____

Duties: _____

Agency or Business Name: _____ Phone #: _____

VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE

The work experience of an applicant for nutrient management certification must be verified by a current or past employer as part of the application form. Complete this form even if you are self-employed.

EMPLOYMENT VERIFICATION

I certify that _____ is/was employed by
_____ and his/her duties are/were related to
(Name of business or agency)
nutrient management planning.

Position held: _____ From: _____ To: _____
month/year month/year

Supervisor (Please Print)

Supervisor Signature, Title

Phone #

Date