# SOURCE of the POULTRY LITTER

**Return this Form to:**

Poultry Litter Transport Incentive Program

Dept. of Conservation & Recreation

12 Sunset Blvd.

Staunton, VA 24401

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Address: |  |
|  |  |
| Contact Person: |  | **Telephone No.** |  |
| Tons of litter shipped: |  | **County:** □ **Rockingham,** HU Code- □ **Page**, HUCode**-**  |

## The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

* + Provide a copy of the most recent poultry litter analysis.
	+ Permitted operations must comply with all Poultry Waste Management Regulations requirements.
	+ No mortality (composted or otherwise) will be shipped as part of this incentive program.

Grower Signature Date

##### **POULTRY LITTER BROKER/TRANSPORTER**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Contact Person: |  | **Telephone No.** |  |
| **Tons of litter shipped:** |  |  |

## The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

* Vehicles transporting poultry litter, including any application equipment, will contain the manure within the cargo area without loss while operating on a public road.
* Brokers must comply with the reporting requirements of the Poultry Waste Management Regulations.
* No mortality (composted or otherwise) will be transported as part of this incentive program.

Broker/Transporter Signature Date

##### **END-USER OF POULTRY LITTER**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
|  |  |
| Contact Person: |  | **Telephone No.** |
| Tons of litter received: |  |  | **County:** |  | **HU Code:** |  |

## The above information is correct to the best of my knowledge. Further, I agree to implement a current nutrient management plan prepared by a nutrient management planner certified by the Virginia Department of Conservation and Recreation that includes the use of poultry litter as a crop nutrient source.

End-user Signature Date

## Recipient of Incentive payment. (Same person who submitted “Poultry Litter Transport Incentive Request Form”)

|  |  |
| --- | --- |
| Name: |  |

Signature Date