



Poultry Litter Application Cost-Share Application Form

Return Application via U.S. Mail to:
Dept. of Conservation & Recreation
600 E. Main St., 24th Floor
Richmond, VA 23219
ATTN: Scott Ambler

RECEIVER OF POULTRY LITTER

Faxed or electronic applications will not be accepted.

Name: _____

Farm Name: _____

Social Security # or: _____ **Federal Identification #:** _____

Address: _____

Contact Person: _____ **Telephone No.:** _____

Have you ever used poultry litter as a fertilizer source? Yes No

Attach a current Nutrient Management Plan for the fields which will receive poultry litter.

Estimated Acreage for Application: _____ Estimated tons of litter to be applied: _____

Who will be doing the actual litter application Yourself or farm help Custom Applicator Broker*

Who will be transporting the litter? Yourself or farm help Broker *

* If "Broker" give Name and Address: _____

SOURCE OF THE POULTRY LITTER

Name: _____

Farm Name: _____

Address: _____

_____ **County:** _____

Contact Person: _____ **Telephone No.:** _____

CERTIFICATION

I agree to the following requirements:

- Apply the litter at the application rates identified in the nutrient management plan.
- Follow buffer requirements identified in the nutrient management plan.
- Apply additional Nitrogen and Phosphorus only as recommended in the nutrient management plan.
- Cover litter if stockpiled for greater than 14 days.
- Apply within the spreading schedule.

Signature _____ Date _____

For DCR Use Only

Approved Yes No

Tracking Number _____

Authorized Signature _____ Date _____