

APPLICATION FOR NUTRIENT MANAGEMENT CERTIFICATION

Mail To:

Department of Conservation & Recreation
Division of Soil and Water Conservation
P. O. Box 1425
Tappahannock, VA 22560
Phone: (804) 443-3803
FAX: (804) 443-4534

Application Fee \$100.00

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

For Agency Use Only 10/15

Date App. Rec'd _____

Check Number _____

Check Date _____

DCR Receipt _____

DCR Date _____

Exam Date _____

1. NUTRIENT MANAGEMENT CATEGORY

Agriculture

Turf & Landscape

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: _____

Describe job responsibilities and daily activities: _____

Category of work (check all that apply:) Sales of Ag or Turf supplies; Biosolids Applications,
 Private Consultant; Farming; Superintendent/Athletic Field Dir.; Turf maintenance; SWCD;
 Government Agency: _____; Other _____

b. Former Employment

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

Address: _____

City State Zip

Phone #: _____ Position Held: _____

Supervisor: _____ Describe job responsibilities and daily activities: _____

Category of work (check all that apply:) Sales of Ag or Turf supplies; Biosolids Applications,
 Private Consultant; Farming; Superintendent/Athletic Field Dir.; Turf maintenance; SWCD;
 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 §4VAC50-85-40 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

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

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 and City: _____
Years Completed _____; Degree & Major Field of Study _____
_____ Date Graduated: _____

College or University and 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 4VAC50-85-40.

b. Training related to nutrient management. Include training you will be taking before the next Nutrient Management Certification Exam, especially if that training is needed to meet the education requirement.

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

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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** _____

Describe Job responsibilities/daily activities: _____

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