



DELAWARE
NUTRIENT
MANAGEMENT
PROGRAM

2320 South DuPont Highway

Dover, DE 19901

1-800-282-8685 (DE Only)

(302) 698-4500

Fax: (302) 697-6287

Email: nutrient.management@state.de.us

Website: www.state.de.us/deptagri

*****FOR DNMP USE*****

Approved _____ Disapproved _____
By _____ Date _____

CERTIFICATION NUMBER: _____

Application for Delaware Nutrient Management Program Certification/Renewal

1. Please check one: Initial Certification Certification Renewal, Certification No.: _____

2. Your Name and Mailing Address:

Name

Business Name

Address

City

State / Zip Code

3. Session Level(s) and/or Continuing Education completed & completion date: _____

4. Level of Certification Requested:

- Nutrient Generator
(Session I and II required)
- Private Nutrient Handler
(Session I, II, and III required)
- Commercial Nutrient Handler
(Sessions I thru IV + Exam and \$150 fee required)
- Nutrient Management Consultant
(Sessions I thru IV + Exam and annual \$100 fee required)

5. Identification Information

(for initial certification):

Driver's License # _____

or

SSN _____ - _____ - _____

Levels of Certification

Nutrient Generator (3-year renewal)

A person within the State of Delaware who operates a facility that produces organic or inorganic nutrients. Six continuing education credits required.

Private Nutrient Handler (3-year renewal)

A person in this State who applies organic or inorganic nutrients to lands he or she owns, leases, or otherwise controls. Six continuing education credits required.

Commercial Nutrient Handler (3-year renewal)

A person in this State who applies organic or inorganic nutrients to lands as a component of a commercial or agricultural business in exchange for a fee or service charge. Six continuing education credits required.

Nutrient Consultant (1-year renewal)

A person in this State who is engaged in the activities of advising or consulting regarding the formulation, application, or scheduling of organic or inorganic nutrients as part of a Nutrient Management Plan. Five continuing education credits required annually.

Certification Declaration

I hereby acknowledge that the above information is true to the best of my knowledge. I declare and understand that I must complete continuing education credits before the expiration of my certification and apply for renewal at least 60 days prior to expiration.

FOR NUTRIENT CONSULTANT CERTIFICATION RENEWAL

I acknowledge that I have prepared a nutrient management plan to the standards established by Delaware within the last 3 years.

Signature _____ Date _____

PLEASE COMPLETE AND RETURN THE SIGNED APPLICATION ALONG WITH THE CERTIFICATION FEE, IF APPLICABLE, TO THE ABOVE ADDRESS (check or money order made payable to the Delaware Department of Agriculture - CASH CANNOT BE ACCEPTED). A PROGRAM CERTIFICATION NUMBER WILL BE MAILED TO YOU.



Delaware Nutrient Management



Credit Card Authorization

Mastercard Visa Discover Card Number:

CVS (3-digit number found on back of card in signature block) _____

Expiration Date: _____ Signature:

(PLEASE PRINT):

Name: _____

Cert. Number:

Address: _____

City/State/Zip: _____