



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

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

1. Your Name and Mailing Address: 2. Session Level(s) and/or Continuing Education Completed and Completion Date:

Name

Business Name

Address

City

State and Zip Code

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. Nine 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. Eight continuing education credits required.

3. Level of Certification Requested:

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

4. Identification Information

- (for initial certification):
 Driver's License # _____
or
 SSN _____

CERTIFICATION DECLARATION

I hereby acknowledge 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.

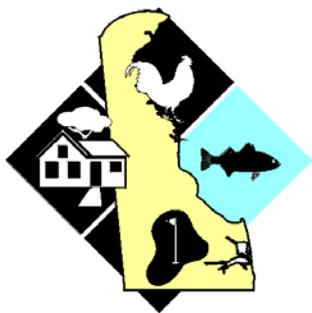
FOR NUTRIENT CONSULTANT CERTIFICATION RENEWAL

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 Department of Agriculture—CASH CANNOT BE ACCEPTED). A PROGRAM CERTIFICATION NUMBER WILL BE MAILED TO YOU.



**DELAWARE
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COMMISSION**



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REQUEST FOR CREDIT CARD PAYMENT

Date: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

Card Type:

- Visa
 Mastercard
 Discover

Card Number _____ Exp. Date _____

CVS Code _____ (next to signature on card)

Amount: _____ Reason for Payment: _____

Signature