## Application for Delaware Nutrient Management Program Certification

**Please Check:**
- [ ] Initial Certification
- [ ] Re-Certification

**Contact Information**
- Preferred Mailing Address
- Name of Applicant:
- Mailing Address:
- City:
- State:
- Zip:
- Phone: (** )
- Email:

**Operation/Business Information**
- Preferred Mailing Address
- Operation/Business Name:
- Owners Name (if different):
- Operation Address:
- City:
- State:
- Zip:

**Operation Type** (Please check one)
- [ ] Animal Only
- [ ] Land Only
- [ ] Animal & Land
- [ ] Golf
- [ ] Turf
- [ ] Other:

**Level of Certification Requested**
- [ ] Nutrient Generator (Session I & II required) (6 Continuing Education Credits every 3 years)
- [ ] Private Nutrient Handler (Session I, II, & III required) (6 Continuing Education Credits every 3 years)
- [ ] Commercial Nutrient Handler (Sessions I-IV + Exam + $150 fee required) (6 Continuing Education Credits every 3 years)
- [ ] Nutrient Management Consultant (Sessions I-IV + Exam + annual $100 fee required) (5 Continuing Education Credits each year)

**Sessions Completed**
- [ ] Session I  Date:_______  Loc:_______
- [ ] Session II Date:_______  Loc:_______
- [ ] Session III Date:_______  Loc:_______
- [ ] Session IV Date:_______  Loc:_______

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 NOT ACCEPTED.

A certification card will be mailed to you upon receipt.

______________________________  ______________________
Signature  Date