## 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:________

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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