



**Delaware Department of Agriculture**

2320 South DuPont Highway

Dover, DE 19901

(302) 698-4500

Fax: (302) 661-7207

agriculture.delaware.gov

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

Approved  Not Approved

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Certification Number: \_\_\_\_\_

**Application for Delaware Nutrient Management Program Certification**

Please Check: <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-Certification		
<b>Contact Information</b> <input type="checkbox"/> Preferred Mailing Address		
Name of Applicant: _____		
Mailing Address: _____		County: _____
City: _____	State: _____	Zip: _____
Phone: ( ) _____	Phone: ( ) _____	Email: _____
<b>Operation/Business Information</b> <input type="checkbox"/> Preferred Mailing Address		
Operation/Business Name: _____		
Owners Name (if different): _____		
Operation Address: _____		County: _____
City: _____	State: _____	Zip: _____
<b>Operation Type</b> (Please check one)		
<input type="checkbox"/> Animal Only <input type="checkbox"/> Land Only <input type="checkbox"/> Animal & Land <input type="checkbox"/> Golf <input type="checkbox"/> Turf <input type="checkbox"/> Other:		
<b>Level of Certification Requested</b>		
<input type="checkbox"/> Nutrient Generator (Session I & II required) (6 Continuing Education Credits every 3 years)		
<input type="checkbox"/> Private Nutrient Handler (Session I, II, & III required) (6 Continuing Education Credits every 3 years)		
<input type="checkbox"/> Commercial Nutrient Handler (Sessions I-IV + Exam + \$150 fee required) (6 Continuing Education Credits every 3 years)		
<input type="checkbox"/> Nutrient Management Consultant (Sessions I-IV + Exam + annual \$100 fee required) (5 Continuing Education Credits each year)		
<b>Sessions Completed</b>		
<input type="checkbox"/> Session I	Date: _____	Loc: _____
<input type="checkbox"/> Session II	Date: _____	Loc: _____
<input type="checkbox"/> Session III	Date: _____	Loc: _____
<input type="checkbox"/> 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