

## APPLICATION FOR NUTRIENT MANAGEMENT CERTIFICATION

**Mail To:**

Department of Conservation & Recreation  
Division of Soil and Water Conservation  
P. O. Box 1425  
Tappahannock, VA 22560  
Phone: (804) 443-3803  
FAX: (804) 443-4534

**Application Fee \$100.00**

Enclose check or money order **Payable to "Treasurer of Virginia"**

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For Agency Use Only 10/15

Date App. Rec'd \_\_\_\_\_

Check Number \_\_\_\_\_

Check Date \_\_\_\_\_

DCR Receipt \_\_\_\_\_

DCR Date \_\_\_\_\_

Exam Date \_\_\_\_\_

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**1. NUTRIENT MANAGEMENT CATEGORY**

☐ Agriculture

☐ Turf & Landscape

Are you currently certified as a VA NM Planner? ☐ Yes ☐ No If yes, Certification # \_\_\_\_\_

**2. APPLICANT**

**Driver's License ID #:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**E-Mail Address:** \_\_\_\_\_

**3. EMPLOYMENT/BUSINESS INFORMATION****a. Present Employment**

Agency or Business Name: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Describe job responsibilities and daily activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Category of work** (check all that apply): ☐ Sales of Ag or Turf supplies; ☐ Biosolids Applications,  
☐ Private Consultant; ☐ Farming; ☐ Superintendent/Athletic Field Dir.; Turf maintenance; ☐ SWCD;  
☐ Government Agency: \_\_\_\_\_; ☐ Other \_\_\_\_\_

**b. Former Employment**

Agency or Business Name: \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
(mo/yr) (mo/yr)

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone #: \_\_\_\_\_ Position Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Describe job responsibilities and daily activities: \_\_\_\_\_

\_\_\_\_\_

**Category of work** (check all that apply:) ☐ Sales of Ag or Turf supplies; ☐ Biosolids Applications,  
☐ Private Consultant; ☐ Farming; ☐ Superintendent/Athletic Field Dir.; Turf maintenance; ☐ SWCD;  
☐ Government Agency \_\_\_\_\_; ☐ Other \_\_\_\_\_

**4. CERTIFICATION OPTIONS** – See Explanation of Nutrient Management Related Education and Experience attachment when filling out the next three sections. Your application will be evaluated based on the Option you select.

- ☐ **Option 1. Applicant requires only to successfully pass the Virginia Nutrient Management Examination to meet CCA requirements only, and does not want to be a Certified Virginia Nutrient Management Planner.**

If you have selected Option 1 you will **not** be eligible for certification. You do not need to complete the rest of the form, sign here, and return to address on front of form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**See Eligibility Requirements under §4VAC50-85-40 of the Nutrient Management Training and Certification Regulations when filling out the next two sections.**

- ☐ **Option 2. Applicant is applying to become a Certified Virginia Nutrient Management Planner.**

☐ Agriculture ☐ Turf & Landscape

If you have selected Option 2, please complete the entire form.

- ☐ **Option 3. Applicant holds a valid Nutrient Management Certificate from Maryland or Pennsylvania and is applying to become a Certified Virginia Nutrient Management Planner.**

☐ Agriculture ☐ Turf & Landscape

If you have selected Option 3, please include a photocopy of your current certificate, skip Section 5 (Education and Training Related to Nutrient Management.) You will need to complete Sections 6-8.

## 5. EDUCATION AND EXPERIENCE

- a. College or University and City: \_\_\_\_\_  
Years Completed \_\_\_\_\_; Degree & Major Field of Study \_\_\_\_\_  
\_\_\_\_\_ Date Graduated: \_\_\_\_\_

College or University and City: \_\_\_\_\_  
Years Completed \_\_\_\_\_; Degree & Major Field of Study \_\_\_\_\_  
\_\_\_\_\_ Date Graduated: \_\_\_\_\_

**Please attach a photocopy of college transcripts if you are using your degree as criteria for eligibility determination. See Section 4VAC50-85-40.**

- b. Training related to nutrient management. Include training you will be taking before the next Nutrient Management Certification Exam, especially if that training is needed to meet the education requirement.

Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Location: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Total Hours of Instruction: \_\_\_\_\_

Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Location: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Total Hours of Instruction: \_\_\_\_\_

Title: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
Location: \_\_\_\_\_ Date(s): \_\_\_\_\_  
Total Hours of Instruction: \_\_\_\_\_

- c. **Additional Nutrient Management Experience**

### Experience

**Agency or Business Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
City State Zip  
**Position Held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Describe Job responsibilities/daily activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Nutrient Management Experience (*Continued*)**

**Agency or Business Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Position Held:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Employed from:** \_\_\_\_\_ **to** \_\_\_\_\_

**Describe job responsibilities and daily activities:** \_\_\_\_\_

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Use this space for any additional information that is related to Nutrient Management which may assist us in determining your eligibility to become a certified planner: \_\_\_\_\_

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6. Have you ever been convicted of a felony? ☐ Yes ☐ No

7. **VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE** – See attached Employment Verification Form.

8. I hereby apply for nutrient management certification in accordance with the provisions of §10.1-104.2 of the Code of Virginia, agree to comply with the Nutrient Management Training and Certification regulations, and certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE

The work experience of an applicant for nutrient management certification must be verified by a current or past employer as part of the application form. Complete this form even if you are self-employed.

### EMPLOYMENT VERIFICATION

I certify that \_\_\_\_\_ is/was employed by  
\_\_\_\_\_ and his/her duties are/were related to  
(Name of business or agency)  
nutrient management planning.

Position held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

\_\_\_\_\_  
Supervisor (Please Print)

\_\_\_\_\_  
Supervisor Signature, Title

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date