

APPLICATION FOR VIRGINIA NUTRIENT MANAGEMENT RECERTIFICATION

Section 4 VAC 5-15-80, Certificate Renewal, of the Nutrient Management Training and Certification Regulations lists the requirements for renewal of your certificate. Please complete the following form and return it with the renewal fee to the address below. Any questions you have you may call Susan Jones at (804) 824-1573 or Stephanie Dawley at (804) 382-3911.

Mail To:

Department of Conservation & Recreation
Division of Soil and Water Conservation
P. O. Box 1425
Tappahannock, VA 22560
Phone: (804) 443-6752
FAX: (804) 443-4534

Application Fee \$100.00

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

For Agency Use Only 9/30/22

Date App. Rec'd _____

Check Number _____

Check Date _____

DCR Receipt _____

DCR Date _____

Certification Exp. _____

Recertification Category:

☐ Ag ☐ Turf and Landscape

1. APPLICANT

Certification Number #: _____

Name: _____

Address: _____ Phone #: _____

City State Zip

E-Mail Address: _____

2. EMPLOYMENT/BUSINESS INFORMATION

Agency or Business Name: _____ Employment Date: _____

Address: _____

City State Zip

Phone #: _____ Mobile #: _____

Position Held: _____ Supervisor: _____

Duties: _____

Nature of work (check as many as apply): Sales, Application or Permitting of Ag or Turf: ☐ Fertilizer
☐ Biosolids ☐ Manure; ☐ Crop Consultant; ☐ Private Consultant; ☐ Farming; ☐ Superintendent/Athletic
Field Director; ☐ Turf Maintenance; ☐ SWCD; ☐ Government Agency: _____;
☐ Other _____

3. **Enclose check or money order for renewal fee of \$100.00 made payable to “*Treasurer of Virginia.*”**

4. **Nutrient Management Continuing Education Course(s) Attended and Plans Written:**

You are required to list four (4) hours of Department of Conservation and Recreation (DCR) approved continuing education, and the completion of at least one (1) nutrient management plan or an additional four (4) hours of approved continuing education.

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Course Title: _____ Sponsor: _____

Location: _____ Date(s): _____

Nutrient Management Plans Written over the past two (2) years:

Total Number _____

5. I hereby apply for nutrient management recertification 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