



**State of Maryland**  
**Maryland Department of Agriculture**  
**Nutrient Credit Certification and Registration Form**

1. Applicant Information: \_\_\_\_\_  
First Name MI Last Name  
\_\_\_\_\_  
Company Name (if applicable) Title

2. Applicant Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
Town State Zip

3. Property Information:  
If the applicant is not the property owner or renter with control, enter the name of the owner or party in control of the property: \_\_\_\_\_  
First MI Last

4. Property Address: \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
Town State Zip

5. Property Description (optional):  
\_\_\_\_\_  
\_\_\_\_\_

6. Property County: \_\_\_\_\_ Watershed: \_\_\_\_\_  
Tract Number: \_\_\_\_\_ Watershed Segment ID: \_\_\_\_\_  
MD Property View Acct. ID(s): \_\_\_\_\_ Latitude: \_\_\_\_\_  
\_\_\_\_\_ Longitude: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Total Annual Credits Generated: \_\_\_\_\_ (N); \_\_\_\_\_ (P)  
Total Years: \_\_\_\_\_

8. Indicate BMPs that will be used to generate credits:

#	Land Conversion/Streambank BMPs	Acres
<input type="checkbox"/>	Wetland	
<input type="checkbox"/>	Land use conversion: hay	
<input type="checkbox"/>	Land use conversion: grass	
<input type="checkbox"/>	Land use conversion: forest	
<input type="checkbox"/>	Land use conversion: perennial crop*	
<input type="checkbox"/>	Forested buffer/fencing	
<input type="checkbox"/>	Grass buffer/fencing	
<input type="checkbox"/>	Streambank restoration	

#	Field Management BMPs	Acres
<input type="checkbox"/>	Conservation tillage*	
<input type="checkbox"/>	Continuous no-till*	
<input type="checkbox"/>	Enhanced nutrient management*	
<input type="checkbox"/>	Decision agriculture	
<input type="checkbox"/>	Water control structure	
<input type="checkbox"/>	Cover crop*	
<input type="checkbox"/>	Commodity cover crop*	

#	Livestock Area BMPs
<input type="checkbox"/>	Clean water diversion
<input type="checkbox"/>	Heavy use area protection
<input type="checkbox"/>	Heavy use area pad
<input type="checkbox"/>	Runoff collection & infiltration
<input type="checkbox"/>	Vegetated swales
<input type="checkbox"/>	Water control structure
<input type="checkbox"/>	Treatment wetland

#	Ammonia BMPs
<input type="checkbox"/>	Lagoon cover
<input type="checkbox"/>	Poultry litter treatment
<input type="checkbox"/>	Biofilters
<input type="checkbox"/>	Vegetated environmental buffers

#	Pasture BMPs
<input type="checkbox"/>	Alternative watering facility
<input type="checkbox"/>	Horse pasture management
<input type="checkbox"/>	Prescribed grazing/PIRG
<input type="checkbox"/>	Fencing (forest buffer)
<input type="checkbox"/>	Fencing (grass buffer)

Acres
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

#### Manure Management

Dairy precision feeding\*  
 Manure export\*  
 Poultry/swine phytase\*  
 Manure injection\*

\* These BMPs are reflected in crop management scenarios as differences in crop rotation, tillage practices, manure N/P concentrations, nutrient application regimes, etc.

9. Describe any BMP used to generate credits that is not listed above:

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10. If any BMPs are not fully implemented, list below those planned and contingent on sale, along with contingency sale date:

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11. Category 2 and 3 BMPs (consult BMP list in Users Guide) require additional analysis and technical review. List below any BMPs in those categories:

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12. Compliance Statements:

A. I attest that all occupied lands under my operation (owned or rented) are in compliance with Maryland Nutrient Management requirements and I maintain a current Soil and Water Quality Plan, and if applicable, a Waste System Management Plan. Furthermore, I confirm that I am following all recommendations of my plan(s).  
 \_\_\_\_\_ (initial)

or

B. I attest that I have the authority to represent the owner or controlling party named above and affirm that the referenced lands are in compliance with Maryland Nutrient Management requirements and operate under a current Soil and Water Quality Plan, and if applicable, a Waste System Management Plan. Furthermore, I confirm that all recommendations in any of those plan(s) are being followed. \_\_\_\_\_ (initial)

C. I attest that all existing BMP's submitted to generate credits are not or no longer subject to contractual obligations under funding provided by any NRCS or MACS program: \_\_\_\_\_ (initial)

13. Any other pertinent information or additional comments may be entered in box below:

**This Form Must be Accompanied by Farm Summary Worksheet from the Maryland Trading Program Website (or Similar Document) and Any Project Proposals for Planned BMPs**

14. Signature: \_\_\_\_\_

Date

**Send completed form and any accompanying materials to:**

Maryland Department of Agriculture  
Resource Conservation Operations  
Attention: Nutrient Trading Program  
50 Harry S. Truman Parkway  
Annapolis, MD 21401

**Public Information Notice**

Your application cannot be processed unless all of the requested information and accompanying documents have been supplied. These materials will be used by the Maryland Department of Agriculture to confirm the applicant's eligibility to participate in the Maryland Nutrient Trading Program, verify existing and planned BMPs, and certify and register tradable credits. You have the right to inspect, amend, or correct any information provided. Under State Government Article, §10-611 et seq., Annotated Code of Maryland, the information contained in your application and documents may be available for public inspection. This information is not routinely shared with the general public or state, federal, or local governmental agencies.

**For Department Use Only:**

Application Received: \_\_\_\_\_ (Date) Identification # \_\_\_\_\_

\_\_\_\_\_  
Name of Verifier Signature Date

Credits Approved: \_\_\_\_\_ (N) \_\_\_\_\_ (P) \_\_\_\_\_ (Certifier)

Reason for Non-approval:

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