MARYLAND NUTRIENT MANAGEMENT PROGRAM

APPLICATION FOR NUTRIENT MANAGEMENT CERTIFIED CONSULTANT <u>BY RECIPROCITY</u>

Mail To:

MARYLAND DEPARTMENT OF AGRICULTURE
NUTRIENT MANAGEMENT PROGRAM
50 Harry S. Truman Parkway
Annapolis, MD 21401
(410) 841-5959

For Department Use Only
Date Appl. Rec'd: _____
Date Appl. Approved: _____
Cert. Number:_____
Exp. Date:_____

1. APPLICANT'S NAME AND ADDRESS

NAME:_____ SSN:_____

            Last Name   First Name   MI

Street: _____ Day Phone : _____

City: _____ State:_____ Zip Code : _____

2. CERTIFICATION AND LICENSING INFORMATION

Certificate No:_____ Exp. Date:_____

Certification Type:_____ Date Issued:_____

Issued By (Name of State):_____

3. BUSINESS INFORMATION

Agency/Firm Name:_____ Fed. ID No.:_____

Address: _____ Phone No.:_____

City:_____State:_____Zip Code:_____ Fax No: _____

Maryland Nutrient Management Licence No. : ❐ Yes   Lic. No. _____Exp.Date:_____

                        ❐ No *(If No, please complete application for license)*

4. I hereby apply for nutrient management certification in Maryland in accordance with the Reciprocal Agreement on Certification of Persons preparing Nutrient Management Plans between states of Delaware, Pennsylvania, and Virginia. I certify that the above information is true and accurate to the best of my knowledge. Authorization form for verification of my certification is attached.

Signature of Applicant _____ Date:_____

MDA-NMP-RECIPROCITY REVISED 11/2005

AUTHORIZATION FOR
VERIFICATION OF CERTIFICATE TO

❒ Nutrient Management Commission
Department of Agriculture
2320 South Dupont Hwy.
Dover, DE 19901
Tel. #: 302-698-4500
Fax #: 302-697-6287

❒ Pennsylvania Department of Agriculture
Nutrient Management Program
2301 N. Cameron Street
Harrisburg, Pennsylvania 17105-8555
Tel. #: 717-787-4843
Fax #: 717-783-3275

❒ Virginia Dept. of Soil & Water Conservation
Nutrient Management Program
203 Governor Street, Suite 206
Richmond, Virginia 23219-2094
Tel #: 804-371-0061
Fax #: 804-786-1798

_____
(NAME OF APPLICANT)

_____
Address

_____
City   State   Zip Code

This is to authorize **Maryland Department of Agriculture** to verify that the applicant is currently a Certified Nutrient Management Consultant and in good standing by the state of :

❒ Delaware   ❒ Pennsylvania   ❒ Virginia

Signature of Applicant _____DATE_____

TO: Maryland Department of Agriculture
Nutrient Management Program
50 Harry S. Truman Parkway
Annapolis, Maryland 21401
Tel. #: 410-841-5959
Fax #: 410-841-5950

1. THE ABOVE NAMED PERSON WAS CERTIFIED AS:

	CERT NUMBER	CERT TYPE	DATE ISSUED	EXP. DATE
Certified Nutrient Management Consultant	_____	_____	_____	_____

Agency Name:_____
Address:_____
City, State, Zip Code:_____
Tel. No:_____

Authorized Name & Signature:_____ Date:_____