Wes Moore, Governor Aruna Miller, Lt. Governor Kevin M. Atticks, Secretary Steven A. Connelly, Deputy Secretary Nutrient Management Program

Agriculture | Maryland's Leading Industry mda.maryland.gov

The Wayne A. Cawley, Jr. Building 50 Harry S. Truman Parkway Annapolis, Maryland 21401

410.841.5959 Baltimore/Washington

800-492-5590 Toll Free

#### NUTRIENT MANAGEMENT PROGRAM nminfo.mda@maryland.gov

Dear Maryland Department of Agriculture – Fertilizer (MDA-F) License Holder:

As a professional lawn fertilizer license holder, you are responsible for ensuring that each employee involved in lawn fertilizer application has completed an approved training program. The purpose of the training is to instruct employees in the proper use of fertilizer and the basic principles of lawn management.

An employee who has not successfully completed the approved training may only apply lawn fertilizer if a certified Professional Fertilizer Applicator (PFA) is physically present at the site. An individual must complete the required training within 30 days of employment and before the Employee ID and Registration Request form is submitted to the Maryland Department of Agriculture (MDA).

The training must include the required topics listed in the Regulations 15.20.10 Fertilizer Application Requirements for Land Not Used for Agricultural Purposes. Training requirements are met by using the MDA presentation "Fertilizer Applicator Training," available for download from the MDA Nutrient Management Web site (visit www.mda.maryland.gov/fertilizer and follow the "Training Requirements and Registration Form for Non-Certified Fertilizer Applicators" link).

Upon completion of the training, the attached Trained Employee Registration Form must be submitted that lists the employee's name, social security number **OR** driver's license number with state of issuance, and date of training along with \$15 registration fee in order to register each new employee. Public agencies are exempt from the registration fees. You may make copies of the form in order to register additional employees. Be sure to retain a completed copy of the form for your records.

An employee's registration is required to be renewed annually and is handled along with the business license annual renewal and submitting the annual registration fee for each employee. An employee's registration is valid from date of issue through December 31st of each year. If an ID card is lost, stolen or damaged there will not be a fee associated with issuing a replacement ID card. A written request with the employee's name must be submitted when requesting a replacement card.

Upon termination of an individual's employment you need to inform MDA in writing that the individual is no longer an employee of the company, or agency. The attached Trained Employee Termination Form can be used to notify MDA when an employee leaves, **OR** you may email nminfo.mda@maryland.gov.

Should you have any further questions regarding the training requirements for registering an employee, contact one of your Nutrient Management Specialists: Sarah Butcher at saraha.butcher@maryland.gov or Tim Zang at timothy.zang@maryland.gov.

Sincerely,

Bryan Harris Implementation Coordinator



# Nutrient Management Program Trained Employee Registration Form Turfgrass Fertilization

Mail to: Maryland Department of Agriculture - NM Program 50 Truman Pkwy **#201** Annapolis, MD 21401 Make checks payable to:

Maryland Department of Agriculture

Complete the following information to register a new employee and to request an I.D. card. There is a \$15 fee for registering each new employee. Fees do not apply to ID cards issued for public agencies. Employee Registrations expire December 31st of each year, **regardless of the date issued.** 

NOTE: This form does not serve as a Change In Status form for a Registered Employee when there is a change in employment.

PLEASE TYPE OR PRINT LEGIBLY:

#### **FERTILIZER APPLICATION BUSINESS LICENSE HOLDER**

Name				Position/Title	
Email				Fed. EIN	
Business/Agency I	Name and Address			-	
Company					
Name				Phone	
Mailing					
Address				Phone	
	Stre	et or PO Box			
	City	State	Zip	_	
Physical Address					
		Street	_		
	City	State	Zip	<u> </u>	

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## **Nutrient Management Program**

## **Trained Employee Registration Form**

## **Turfgrass Fertilization**

#### TRAINED EMPLOYEES

Print Name	Signature	Social Security No. <b>OR</b> Driver's License No. & State	Date of Training
1	_		
2	_		
3	_		
4	_		
5	_		
6	_		
7			
8			
9	_		
10	_		
11.	_		
12			
13	_		
14	_		
Photocopy this sheet, if necessary.			
Total Number of Employees Registered	x \$15 = \$	Payment Enclosed	
I hereby verify that the individual(s) listed o Maryland of the Regulations Pertaining To T		leted training in accordance with Section 15.20.10 et seq.	Annotated Code of
License Holder Signature	Print Name	License No. Da	te
Falsification of any information could result	in Civil Penalties or place your Prof	essional Fertilizer Annlicator Rusiness License Certificate in	n ieonardy

PCA 56103 OBJ 5823



### **BUSINESS/AGENCY NAME AND ADDRESS**

Company Name	MDA-F Number		
Mailing Address	Phone		
	Alt. Phone		
Employee Name	Trained Employee (TE) Registration No.	Date of Termination	Is I.D. card being returned?
1			
2			
3			
4			
5			

Photocopy this sheet, if necessary.

Authorized Signature Print Name & Title Date

Falsification of any information could result in Civil Penalties or place your Professional Fertilizer Applicator Business License Certificate in jeopardy.

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