



MARYLAND NUTRIENT MANAGEMENT PROGRAM
50 HARRY S. TRUMAN PARKWAY
ANNAPOLIS, MARYLAND 21401
TEL. NO. 410-841-5959, FAX NO. 410-841-5950

INFORMATION ON NUTRIENT MANAGEMENT LICENSING

Revised: December 2006

1. Any person or company who wants to provide state certified nutrient management plans must be licensed.
 1. by the Maryland Department of Agriculture and be state certified to provide nutrient management services or employ one or more people who are certified.
2. **CERTIFIED NUTRIENT MANAGEMENT CONSULTANTS CANNOT PROVIDE STATE CERTIFIED**
 1. **NUTRIENT MANAGEMENT PLANS UNLESS OPERATING UNDER A STATE LICENSE, EXCEPT FOR A CERTIFIED FARMER WHO WRITES PLAN EXCLUSIVELY FOR HIS/HER FARM OPERATION.**
3. Persons or companies wishing to obtain a nutrient management license must submit an application with the
 1. following fee:
 1. Individual or sole proprietorship - \$ 50
 2. Corporation or partnership - \$100
 3. Government agencies - \$ 0
4. Licenses are valid for one year and expire unless the applicant renews the license for a 3-year term and
 1. paying an applicable fee of \$150.00. (except for government agencies).
5. Licensed persons or companies agree to comply with regulations set forth in COMAR 15.20.04.
6. The following regulatory requirements apply:
 - a. Nutrient management planning services will be provided only by state certified nutrient management persons.
 - b. Nutrient management plans will be developed in accordance with regulatory criteria and content requirements. (COMAR 15.20.08.04-.07.)
 - c. License holders shall keep records for a minimum of five years and make them available to the Department upon request. Record keeping requirements are identified in COMAR 15.20.04.11.
 - d. License holders must file with the Department by September 30 of each year an annual activity report covering the previous year (July 1 through June 30) that contains all the following information: (COMAR 15.20.04.11A)
 1. Name and number of license holder
 2. Name of certified nutrient management consultant (s) employed between the previous July 1 and June 30
 3. Number of nutrient management plans completed.
 4. Acreage covered by these plans broken down according to county and State watershed codes.¹

¹ *Watershed coding and maps used by the state is available upon request.*



MARYLAND NUTRIENT MANAGEMENT PROGRAM

APPLICATION FOR NUTRIENT MANAGEMENT CERTIFIED CONSULTANT BY RECIPROCITY

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: Check Number: Date Appl. Approved: Cert. Number: Exp. Date:

1. APPLICANT'S NAME AND ADDRESS

NAME: Last Name First Name MI SSN:

Street: Day Phone: City: State: Zip Code: Email address:

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 License No.: Yes No Lic. No. Exp. Date: (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. An authorization form for verification of my certification is attached, along with a current copy of my current certificate and payment made payable to Maryland Department of Agriculture.

Signature of Applicant Date:

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: _____