



CURRENT NUTRIENT MANAGEMENT PLAN CERTIFICATION

Participants of MDA financial assistance programs must certify that the agricultural operation associated with the cost share practice(s) is following a *current* Nutrient Management Plan (NMP), to the extent required by COMAR 15.20.07. This form must be submitted to MDA at time of application.

Section I. To be filled out by the Certified Nutrient Management Plan Preparer

Farm Operator Name(s)				
	Farm Name (if applicable)			
	Address			
	Number	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City		State	ZIP
				County
Plan Preparer Name				
Certification No.				
	License No. (if applicable)			
Date the NMP was prepared or updated			Total Acres Under Plan	
Period the plan covers:	Begin Date	End Date		
	<input type="text"/>	<input type="text"/>		<input type="text"/>
I certify that the NMP information for the farm operation listed above is true and correct. I understand that if this information is determined to be false, my certification and/or license may be revoked.				
Signature				
Certified NM Consultant or Certified Farm Operator			Date	

Section II. Farm Operator Certification

I certify that: (1) my farm is operating under a current nutrient management plan for the time period indicated above, and (2) my nutrient management plan was developed by the plan preparer named above.				
Signature				
Farm Operator			Date	
Print Name	<input type="text"/>			

Section III. Landowner Information

(fill out this section only if the landowner is applying for cost-share and is **not** the agricultural operator of the land)

Landowner Name				
Street Address				
City, State and Zip				