



**MARYLAND DEPARTMENT OF AGRICULTURE**

**NUTRIENT MANAGEMENT PROGRAM**

50 HARRY S TRUMAN PARKWAY ROOM 201

ANNAPOLIS, MARYLAND 21401

PHONE 410-841-5959 FAX 410-841-5950

EMAIL [nmpceu.mda@maryland.gov](mailto:nmpceu.mda@maryland.gov)

**INFORMATION FOR AGRICULTURAL NUTRIENT MANAGEMENT CERTIFICATION APPLICANTS**

The Nutrient Management Certification is available to individuals with the expertise to provide nutrient management services to the agricultural community.

1. The requirements for certification and program criteria are explained in detail in the “Maryland Nutrient Management Regulations” COMAR 15.20.04 & .08
2. Certification Exam Application Requirements:

To apply for the certification exam, an applicant shall file the following with the Department of Agriculture at least 15 days before any announced examination:

- a. An application on a form provided by the Department.
- b. Except for government employees, the certification fee of \$50 by check or money order, payable to the Maryland Department of Agriculture.
- c. Proof of meeting one of the following:
  - i. A school authenticated college degree in an agriculturally related area, and one year of practical experience acceptable to the Department in nutrient management planning; *or*
  - ii. A combination of education and practical experience related to nutrient management planning and acceptable to the Department.
- d. Verification of nutrient management experience must be included. A minimum of twelve months’ experience must be verified by current or former employers who supervised the applicant’s nutrient management activities. Transcripts indicating college work may be requested when education is used to meet eligibility requirements.

**3. The completed application shall be mailed to:**

**Maryland Department of Agriculture  
Nutrient Management Program  
50 Harry S. Truman Parkway, Room 201  
Annapolis, MD 21401**

4. Certification application must be completely filled out and accompanied by a \$50 application fee, except for government employees. *Government employees need to provide a Tax-Exempt Certificate for the organization with the application. Incomplete applications will be returned.*
5. Information submitted on the application is used to evaluate eligibility for certification examination. You have a right to inspect, amend or correct this information. State Government Article 10-616(h), Annotated Code of Maryland, with certain exceptions, prohibits the Department from disclosing this information. This information is not routinely shared with state, federal or local government agencies.
6. Once an application is approved, the applicant will receive an exam registration confirmation. The information will include the date and location of the certification examination.

Questions? Call the Maryland Nutrient Management Program at **410-841-5957** or email [nmpceu.mda@maryland.gov](mailto:nmpceu.mda@maryland.gov).



APPLICATION FOR AGRICULTURAL NUTRIENT MANAGEMENT CERTIFICATION

MARYLAND DEPARTMENT OF AGRICULTURE
NUTRIENT MANAGEMENT PROGRAM
50 HARRY S. TRUMAN PARKWAY, ROOM 201
ANNAPOLIS, MARYLAND 21401
PHONE 410-841-5959
EMAIL nmpceu.mda@maryland.gov

For Department Use Only
Date Appl. Rec'd
Check Number
Date Appl.
Approved
Cert. Number
Exam Date

1. NAME AND HOME ADDRESS

Name Last First MI Soc. Sec. No. (Required)
Street Home Phone Cell Phone
City State Zip Email

2. EMPLOYMENT / BUSINESS INFORMATION

A. Current Employment

Agency Firm Name Self Employed
Federal ID No: (Required)
Street Starting Date
City State Zip Phone
Nutrient Management License Number (if applicable) County
Position Held Immediate Supervisor
Duties

Nature of Work (Check all that apply)
Sales or Distributions of Nutrients
Government Agency (Specify)
Farming
Commercial Fertilizer
Crop Advisory Services
Sewage Sludge

B. Previous Employment

Name Phone
Address
Employed From To City State Zip Code
Month /Year Month /Year Position Held
Duties

**3. EDUCATION**

a. High School/Name/City \_\_\_\_\_ Years Completed \_\_\_\_\_

Year Graduated \_\_\_\_\_

b. College/Name/City \_\_\_\_\_ Years Completed \_\_\_\_\_

Year Graduated \_\_\_\_\_

Major Field of Study and Degree \_\_\_\_\_

*(transcript may be requested to verify areas pertinent to nutrient management)*

**4. ADDITIONAL EXPERIENCE/TRAINING**

a. Related training or short courses

Title \_\_\_\_\_ Sponsor \_\_\_\_\_

Location \_\_\_\_\_ Duration \_\_\_\_\_ Date \_\_\_\_\_

b. Professional certification, registration, or credentials

Title \_\_\_\_\_ Date \_\_\_\_\_

c. Reference (pertinent to your knowledge/experience)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

5. Have you applied for certification in Maryland before? Yes No

6. I hereby apply for nutrient management certification in accordance with the provisions of Agricultural Article 15.20.04 and certify that the above information is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Approved

Denied

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

**VERIFICATION OF NUTRIENT MANAGEMENT EXPERIENCE**

The work experience of an applicant for nutrient management certification must be verified by employer(s) as part of the application form.

**CURRENT EMPLOYMENT VERIFICATION**

I certify that \_\_\_\_\_ is employed by  
Applicant's Name

and duties are related to providing nutrient management technical services.

\_\_\_\_\_  
Name of Business/Agency

Position Held \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month / Year Month / Year

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Nutrient Management License # (if applicable)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

**PREVIOUS EMPLOYMENT VERIFICATION  
(If additional years of experience are required)**

I certify that \_\_\_\_\_ was employed by  
Applicant's Name

and duties are related to providing nutrient management technical services.

\_\_\_\_\_  
Name of Business/Agency

Position Held \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Month / Year Month / Year

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Nutrient Management License # (if applicable)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date