MARYLAND'S AGRICULTURAL CERTAINTY PROGRAM

Application and "Farmer's Checklist"

Please answer all questions and complete the "Farmer's Checklist" (page 2) before submitting to the Verifier. The verifier will begin their review process when all the documents have been submitted. Please fill out a separate Application and "Farmer's Checklist" for each additional parcel. The verifier will forward this application to the Maryland Department of Agriculture.

Operator's Name:	County:
Verifier Name:	Farm #: Tract #:
Type of review: ☐ **"Full Certainty"** (check one) ☐ **"Farm Evaluation Only"**	Map/Parcel: /
	Parcel Acres:

Operation Type: ☐ **Grain** ☐ **Vegetable**   ☐ **Nursery/Greenhouse**   ☐ **Animal (Type** _____ **Number** _____ **)**

1. Has the Verifier explained the certification process and what information is required by the Maryland Certainty Program?   Yes ☐   No ☐

2. Do you have a current permit from Maryland Department of Environment or have you applied for one for any land that you will be enrolling in the Maryland Certainty Program? If yes, please list:_____   Yes ☐   No ☐
   NOTE : If you have a permit or have applied for a permit, MDE approval is required.

3. Do you understand that documents submitted will be reviewed by MDA and the Verifier and that field inspections will be required initially and after I am enrolled in the Program you will be agreeing to site inspections and a review of your farm records at least once every 3 years?   Yes ☐   No ☐
   NOTE : MDE may participate in the field inspection if you are applying for Full Certainty. If you are having a Farm Evaluation Only, MDE will not take part in the review process.

4. Do you understand that all documents submitted may be made available via the Maryland Public Information Act after MDA redacts the records to protect your identity?   Yes ☐   No ☐

5. Do you understand that by submitting this application, you are requesting MDA to complete an evaluation of your Nutrient Management Plan?   Yes ☐   No ☐
   NOTE : You will be contacted by a Nutrient Management Specialist for this review.

Maryland Department of Agriculture • **50 Harry S. Truman Parkway** • **Annapolis, MD 21401** • **410.841.5868**

"Farmer's Checklist"

The following is the required list of documents that are needed for the Verifier to perform the review process for the Maryland Agricultural Certainty Program. Please contact your Verifier or the Maryland Department of Agriculture for clarification. Please submit the completed checklist and all documentation to your Verifier.

☐ 1. Current Soil Conservation Water Quality Plan   Plan Date [   ]

      ☐ A. Copy of Farm Plan and Map (with location and boundaries
           of the operation showing field numbers and locations of BMPs);

      ☐ B. Copy of Soils Map, Soil Information, and a copy of RUSLE2 Worksheet;

      ☐ C. Copy of Job Sheets for all Best Management Practices (BMPs) installed on the Farm.

☐ 2. Current Nutrient Management Plan   Plan Date [   ]

      **NOTE: For the Certainty Program, you will be required to go through a
      complete Plan Implementation Evaluation conducted by a MDA Nutrient
      Management Specialist. By submitting this Farmer's Checklist, you are
      requesting MDA to conduct this review. If you have recently had a review
      of your operation you may not need to have a new review.**

      ☐ A. Attach current Nutrient Management Plan(NMP) and the most recent Annual
           Implementation Report(AIR)

      ☐ B. Have you ever had an on farm Nutrient Management Plan Implementation
           Evaluation?   Yes ☐   No ☐   If yes, date completed [   ]

Operators Affidavit

I understand that I am submitting private information including my Soil Conservation Water Quality Plan, my Nutrient Management Plan and any supporting documents that are required to demonstrate that my operation has met the agricultural nitrogen, phosphorus, and sediment reduction thresholds required for achieving the local and Chesapeake Bay Total Maximum Daily Load approved by the U.S. Environmental Protection Agency at the time of certification as determined by Maryland Nutrient Trading Tool. I further affirm that all of the information presented is accurate, correct and that I understand that this is a 10 year commitment and that I will be subject to various inspections, reviews and reporting requirements.

Signature [   ]   Date [   ]

Name(Print) [   ]   Title [   ]