



**Maryland Department of Agriculture**  
**MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM**  
**316 - POULTRY MORTALITY COMPOSTING FACILITY TRAINING CERTIFICATION**

*Please attach the Certification of Training letter from the UME Poultry Mortality Composting Facility for the named individual.*

Agreement Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Farm Name: \_\_\_\_\_

TO: Maryland Agricultural Water Quality Cost-Share Program

RE: Poultry Mortality Composting Facility (PMCF) Training Certification

This is to inform you that \_\_\_\_\_  
has taken the composting training offered by the University of Maryland Extension for the Poultry Mortality Composting Facility. The above-named individual will be managing the day-to-day operation of the PMCF, and I (Applicant/Operator) will be responsible for seeing that the guidelines issued for its use will be followed.

\_\_\_\_\_  
Applicant/Operator

\_\_\_\_\_  
Date