



WVDA/Nutrient Management Program Application for Certification

1 – Applicant's Name and Address:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Would you like to be listed on the statewide planner list? Yes No

2 – Employment / Business Information

A – Present Employment

Agency/Firm Name: _____ Self Employed:

Federal ID No: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Starting Date: _____

Position Held: _____ Immediate Supervisor: _____

Duties as a percentage of the time for the years worked: _____

Nature of work (check as many as apply): Production Ag Commercial
Fertilizer Sales or Distribution of Nutrients Manure Sewage Sludge
 Crop Advisory Services Government Agency: (specify _____)

B – Former Employment

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employment from: _____ to: _____ Position Held: _____

Duties as a percentage of the time for the years worked: _____

3 – Education

A. High School Name: _____

City: _____ Year Graduated: _____

B. College Name: _____

City: _____ Year Graduated: _____

Major Field of Study and degree: _____

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

4 – Additional Experience/Training

A. Any related training or short courses?

Title: _____ Sponsor: _____

Location: _____ Duration: _____

B. Other professional certifications, registration, or credentials

Title: _____ Date: _____

C. Additional reference (pertinent to your knowledge/experience)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

5 – Have you applied for certification in West Virginia before? Yes No

I hereby apply for nutrient management certification and certify that the above information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

****This form must be returned 30 calendar days prior to the examination.****

Mail completed form to: WVDA, Moorefield Ag Complex, 60C, Moorefield, WV 26836, Attn: Jerry Ours

FOR OFFICIAL USE ONLY

Qualification Reviewed By: _____ Date: _____

Comments: _____

_____ Response Date: _____