



## 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 - Nutrient Management Program, 60B Moorefield Industrial Park Road, Moorefield, WV 26836, Attn: Mark Hedrick or Email to [mhedrick@wvda.us](mailto:mhedrick@wvda.us)

**FOR OFFICIAL USE ONLY**

Qualification Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_ Response Date: \_\_\_\_\_