



Maryland Department of Agriculture
MARYLAND AGRICULTURAL CERTAINTY PROGRAM
CERTIFIED VERIFIER APPLICATION

Mail To:

Maryland Department of Agriculture
Certainty Program
50 Harry S. Truman Parkway
Annapolis, MD 21401
(410) 841-5868

For Department Use Only
Date Application Received:
Date Certificate Reviewed:
Verifier Certificate Number:
Certificate Expiration Date:

1. APPLICANT'S NAME & ADDRESS

Name: Last Name First Name MI
Street: Day Phone:
City: State: Zip Code:

2. BUSINESS INFORMATION

Agency/Firm Name: Fed. ID No.:
Street: Phone No.:
City: State: Zip Code: Fax No.:

3. CERTIFICATE AND QUALIFICATION INFORMATION

*****Please attach a copy of each certificate*****

A. Soil Conservation Water Quality Plan Experience

Planner II Certificate OR Planner I Certificate OR Planner Experience

Certificate No: Exp. Date: Yrs Experience:

Briefly state experience:

B. Nutrient Management Certification

Certificate Number: Exp. Date:

Issued By (Name of State): Date Issued:

C. Nutrient Trading Certification

Certificate Number: Exp. Date:

Date Issued:

4. I hereby apply for verifier certification in Maryland in accordance with COMAR 15.20.11.07
I certify that the above information is true and accurate to the best of my knowledge and I have attached
the above referenced certifications to this application.

Signature of Applicant: Date: