|  |  |
| --- | --- |
| \\agrfloly01\Shared\Logos\WSDAApprovedLogos\WSDALogo100Years-Color-NoText.png | **Dairy Nutrient Management Program**  **New Dairy Registration** |

**Please indicate any changes or corrections**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Milk Producer License: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Operator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address Facility Address**

**Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Landowner Name

Landowner Address Phone

Email

Number of milking stock Number of heifers (6 months to milking)

Number of dry stock Number of calves (0 to 6 months)

Do you maintain dry or young stock on land separate from your dairy?  Yes  No

Number of acres owned Number of acres rented or leased

Number of manure lagoons used

Do you compost on-site?  Yes  No

Do you transfer manure to a digester?  Yes *(Name of digester):*  No

Do you receive digestate?  Yes *(Name of digester):*  No

Do you export manure/dairy nutrients from your facility?  Yes  No

*(If so, please provide recipient information on next page)*

**Return completed form to:**

**WSDA**

**Dairy Nutrient Management**

**PO Box 42560**

**Olympia, WA 98504-2560**

***FAX:* (360) 902-2000**

***Email:* dnmpadmin@agr.wa.gov**

***Phone:*  (360) 902-1982**

***Recipient(s) of exported manure / dairy nutrients (Please attach additional sheets if necessary)***

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

Name Phone

Mail Address

Crop grower  Compost Operation  Other Party

|  |
| --- |
| To be signed by person completing registration form:  I certify that the information provided herein is, to the best of my knowledge and belief, accurate and complete.  Name (print) Title  Signature Date |