|  |  |
| --- | --- |
| \\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  |