



Reporting and Tracking Form

(NOTE: None of your business or customer information will be shared)

Business Name: _____

Certified Commercial Nutrient Handler Name: _____

Nutrient Management Certification #: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail _____

Total Number of Customers Your Company Served in 2011: _____

Total Number of **New** Customers Gained in 2011: _____

Total Number of Soil Tests Performed in 2011: _____

<u>Month</u>	<u>Total Nitrogen Applied</u>	<u>Total Area of Nitrogen Application (in 1000 sq. ft.)</u>	<u>Total Phosphorus Applied</u>	<u>Total Area of Phosphorus Application (in 1000 sq. ft.)</u>	<u>Explanation if application varies from recommended timing</u>
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
<u>TOTAL</u>					

Cold weather application restrictions: Fertilizer application is prohibited between December 7 and February 15 and on snow and frozen ground.

**Mail completed application form to DNLA at PO Box 897, Hockessin DE 19707.
Contact DNLA at 888-448-1203 or at info@dnlaonline.org.**