

# Nutrient Management Plan - Development

## Producer Verification Checklist

**Producer Name:** \_\_\_\_\_

Written by 4R Certified NSP ☐

Comprehensive Nutrient Management Plan ☐

Checklist	Completed
Soil tests within past 4 years	
Soil tests from all fields (including maps)	
Manure tests provided	
All acres accounted for	
Crop rotations provided	
Yield goals provided	
VRT application recommendations verified for Tri-State	
Identification of all nutrients planned for application are documented	
Starter/Pop-up fertilizer accounted for	
Method and seasonal timing of application documented	
Resource concerns addressed	
Records entered in Beehive	

Length of plan (years): \_\_\_\_\_

Crop Years covered by this plan: \_\_\_\_\_

Approval	Name	Date
Plan writer		
SWCD Reviewer		
Approved		

I hereby state that I have completed this verification form accurately to the best of my knowledge and have provided supporting documentation to show that all items above have been completed. I understand the terms and conditions contained herein and have authority to sign this verification.

\_\_\_\_\_  
Producer Initial

\_\_\_\_\_  
Date