



# 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

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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 \_\_\_\_\_