Dairy Nutrient Management Program
New Dairy Registration

Please indicate any changes or corrections

Facility: ___________________________  Milk Producer License: ______________
Operator: ___________________________  Facility County: ______________________
Mailing 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______________________________________

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Name_________________________________________ Phone________________________
Mail Address______________________________________

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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 ________________________