

MARYLAND AGRICULTURAL WATER QUALITY COST-SHARE PROGRAM

**DEAD POULTRY COMPOSTING FACILITY
TRAINING CERTIFICATION**

Name: _____

Agreement Number: _____

TO: Maryland Agricultural Water Quality Cost-Share Program

RE: Dead Poultry Composting Facility (DPCF) Training
Certification.*

This is to inform you that _____ have taken the composting training offered by the Cooperative Extension Service for the Dead Poultry Composting Facility. The above named individual will be managing the day-to-day operation of the DPCF, and I (Owner/Operator) will be responsible for seeing that the guidelines issued for its use will be followed.

Owner

Date

** To be used when the Operator is different than the Applicant. Please attach the Certification of Training letter from the CES Dead Bird Composting Facility for the above named individual.*