

PRIVATE FERTILIZER APPLICATOR RECORDKEEPING FORM ¹

(Record to be maintained for 2 years from date of application)

NAME OF CERTIFIED APPLICATOR MAKING OR SUPERVISING THE APPLICATION: _____

CERTIFICATION NUMBER OF THE CERTIFIED APPLICATOR: _____

ADDRESS OR LOCATION OF THE APPLICATION SITE	Name of Applicator	RATE APPLIED	NUTRIENT VALUE OF THE FERTILIZER MATERIAL	TYPE OF FERTILIZER MATERIAL APPLIED	METHOD OF FERTILIZER APPLICATION	DATE OF APPLICATION

1. It is the responsibility of the private applicator to follow the recordkeeping regulations (355 IAC8-5) under the Indiana Fertilizer Law.
2. Also include certification number if applicator other than person listed at top of table.