

**Variable Rate Phosphorus Application**

Producer Name: _____

Checklist	Completed
Nutrient application compliant with Nutrient Management Plan	
Documentation provided to SWCD	
- Applicator information (records holder)	
- Application equipment (planter, spreader, or placement tool)	
- Geo-referenced as-applied nutrient application maps or equivalent	

Crop Year: _____

Acres Completed: _____

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**For Office Use**

SWCD Notes