

4R Acre Report

PLACE
LOGO
HERE

For registration of acres under a 4R Nutrient Stewardship Nutrient Management Plan, please complete the fields below.

Name of Agri-Retailer:	_____	Crop Production Advisor:	_____
Agri-Retailer Location:	_____	Department/Division:	_____
Name of 4R Agronomist:	_____	Representative Email and/or Tel.:	_____

Name of local* Watershed and/or Consv. District:

**If split between districts, please choose the one closest or most affiliated. Any other comments you wish to provide can be addressed below.*

Crop being advised under 4R Nutrient Management Plan	Number of Acres
Wheat (includes Winter, Durum, Spring)	
Canola	
Corn	
Barley	
Soybeans	
Oats	
Lentils	
Field Peas	
Flaxseed	
Potatoes	
Perrenial Forages	
Other (please specify):	

Total acres being advised under 4R Nutrient Management Plan

Other Comments

For internal / company use only. Please note this will NOT be published in the repository.

Name of Grower Contact and Farm:	_____
Address (Box #, Town, Postal Code):	_____
E-mail address and/or Tel. :	_____

Approval by 4R Agronomist

By signing this Repository form and based on my professional judgement as P.Ag and CCA, I verify that the principles of the 4R Nutrient Stewardship have been reviewed and the grower's nutrient management as discussed is consistent with the the principles of 4R Nutrient Stewardship.

Signature by 4R Agronomist

Date

*Please save and e-mail completed form to your provincial 4R Agronomist Lead



FERTILIZER CANADA
FERTILISANTS CANADA

