



4R Agronomist Attestation

In accordance with the laws of the province of _____, I, _____,
Name of Professional

hereby verify that I am an accredited Professional Agronomist (or equivalent) and Certified Crop Advisor (CCA).

In addition to my credentials, I have obtained essential training on 4R Nutrient Stewardship principles and practices through completion of the Canadian Fertilizer Institute (CFI) GrowZone 5.5 CEU course, including all modules and exams, for Introduction to 4R Nutrient Stewardship, as evidenced by my certificate of completion (or equivalent approved by CFI). In so doing, I verify that I am knowledgeable in 4R principles and practices, as they apply to the economic, social and environmental goals in the province of _____.

I agree that my approval and signature on a 4R Data Repository Form prepared by an Agri-Retailer is required in order for an Agri-Retailer's nutrient management plan to be designated as 4R compliant. I also agree to utilize recognized 4R resources to ensure the integrity of a 4R Nutrient Stewardship management plan.

Signature of Professional

Date Signed

CCA Number

Other Accreditation Number (if applicable)

Date of issue on GrowZone certificate

