

4R Designation Repository Form

For Agri-Retailer registration of acres under a 4R Nutrient Stewardship Nutrient Management Plan, please complete the fields below and submit to your local repository

Name of Agri-Retailer:	_____	Name of Representative:	_____
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 under 4R Nutrient Management Plan	Number of Acres
Wheat (includes Winter, Durum, Spring)	
Canola	
Corn	
Barley	
Soybeans	
Oats	
Lentils	
Field Peas	
Flaxseed	
Potatoes	
Other (please specify below):	

Other Comments

(Optional) Information for Special Recognition. Please note this will NOT be published in the repository.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 I have reviewed the nutrient management plan developed by the above agri-retailer representative and his/her grower client and have determined that it is compliant with 4R Nutrient Stewardship requirements as outlined in the '4R Inside Checklist.'

TOTAL ACRES UNDER 4R NUTRIENT MANAGEMENT PLAN

Signature _____

Date _____

Please save and e-mail completed spreadsheet to your local repository. For more information on 4R Nutrient Stewardship programs, visit

www.farming4rfuture.ca

