

# 4R Acre Report

PLACE  
COMPANY  
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 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 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 Please note this will NOT be published in the repository.**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 form and based on my professional judgement as a P.Ag and CCA, I verify that the principles of the 4R Nutrient Stewardship program 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

