

POULTRY LITTER TRANSPORT INCENTIVE - Chain of Custody

SOURCE OF THE POULTRY LITTER

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

TONS OF LITTER: _____ COUNTY: ROCKINGHAM PAGE

ACCOMACK
If Accomack, provide integrator company.

The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

- ▶ Provide a copy of the most recent poultry litter analysis.
- ▶ Permitted operations must comply with all Poultry Waste Management Regulations requirements.
- ▶ No mortality (composted or otherwise) will be shipped as part of this incentive program.

GROWER SIGNATURE: _____ DATE: _____

If grower's signature is unavailable, the Broker's signature will suffice.

POULTRY LITTER BROKER/TRANSPORTER

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

TONS OF LITTER SHIPPED: _____

The above information is correct to the best of my knowledge. Further, I agree to the following requirements:

- ▶ Vehicles transporting poultry litter, including any application equipment, will contain the manure within the cargo area without loss while operating on a public road.
- ▶ Brokers must comply with the reporting requirements of the Poultry Waste Management Regulations.
- ▶ No mortality (composted or otherwise) will be shipped as part of this incentive program.

BROKER/TRANSPORTER SIGNATURE: _____ DATE: _____

END-USER OF POULTRY LITTER

NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ TELEPHONE NUMBER: _____

TONS OF LITTER RECIEVED: _____ COUNTY: _____ HU CODE: _____

The above information is correct to the best of my knowledge. Further, I agree to implement a current nutrient management plan prepared by a nutrient management planner certified by the Virginia Department of Conservation and Recreation that includes the use of poultry litter as a crop nutrient source

END-USER SIGNATURE: _____ DATE: _____