



Reporting and Tracking Form

(NOTE: None of your business or customer information will be shared)

Business Name: _____

Certified Commercial Nutrient Handler Name: _____

Nutrient Management Certification #: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail _____

Total Number of Customers your company provided fertilization services for in 2016: _____

Total Lawn Area (in 1000 ft²) of your customers in 2016: _____

Total Number of **New** Customers Gained in 2016: _____

Total Number of Soil Tests Performed in 2016: _____

<u>Application number (1, 2, etc.)</u>	<u>Month(s) in which applic. was made</u>	<u>Total Nitrogen applied</u>	<u>Total area of N application (in 1000 sq. ft.)</u>	<u>Total Phosphorus applied</u>	<u>Total area of P application (in 1000 sq. ft.)</u>	<u>Explanation if applic. varies from recommended timing</u>
<u>TOTALS:</u>						

***Summer application restrictions:** Livable Lawns prohibits fertilizer application on cool season grass lawns between June 16 and August 14.

****Cold weather application restrictions:** Fertilizer application is prohibited between December 7 and February 15 and on snow and frozen ground.

Mail completed application form to DNLA at PO Box 897, Hockessin DE 19707.
 Contact DNLA at 888-448-1203 or at info@dnlaonline.org.