

POULTRY LITTER TRANSPORT INCENTIVE - **Field Application Record**

END-USER OF THE POULTRY LITTER

NAME: _____ SOURCE COUNTY: _____
ADDRESS: _____ RECEIVING COUNTY: _____

TELEPHONE NUMBER: _____

FIELD INFORMATION (Include ALL fields receiving litter)

Tract Number	Field Number	Acres Receiving Poultry Litter	Application Date	Tons Applied (Total)	Crop	Soil Test Phosphorus	DCR use Eligible (yes/no)
Total:			Total:				

Please indicate soil testing lab used: _____

I certify the above information is true to the best of my knowledge.

SIGNATURE: _____ DATE: _____

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(Supplemental Form for Additional Fields)

FIELD INFORMATION (Include ALL fields receiving litter)

Tract Number	Field Number	Acres Receiving Poultry Litter	Application Date	Tons Applied (Total)	Crop	Soil Test Phosphorus	DCR use Eligible (yes/no)
Total:			Total:				

Please indicate soil testing lab used: _____

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