



## SELF-CERTIFIED ANIMAL WASTE MANAGEMENT PLAN

### Operator Declaration

Farm Name: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Type of Operation: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Owner/Operator Address: \_\_\_\_\_  
\_\_\_\_\_

Premises Identification Number (if available) \_\_\_\_\_

**Certification:** I hereby certify that I am the operator of the above identified farm, (as defined in N.J.A.C. 2:91). I further certify that I have developed and implemented a Self-Certified Animal Waste Management Plan for this farm in accordance with the requirements of N.J.A.C. 2:91.

I further certify that the foregoing statements made by me are true and the information provided in this document is true, accurate and complete. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, including but not limited to the penalties contained in N.J.A.C. 2:91- 4.1.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_