

Application for Pesticide Technician

Ontario Pesticide Training and Certification
General Information: 1-888-620-9999 (519-674-1575)

University of Guelph Ridgetown Campus
Fax: 519-674-1585

Email: rcoptc@uoguelph.ca

Section 1 - Personal and Company Information (print clearly in ink)

Name of Applicant (First, Middle, Last) : _____ Date of Birth (Month/Day/Year) : _____

Home Address (Number, Street, Apt./Unit): _____ Home Telephone: _____

City/Town: _____ Postal Code: _____ Home Fax: _____

Home Email Address : _____ Company Email Address _____

Company Name : _____

Company Address (Number, Street, Apt./Unit): _____ Company Telephone: _____

City/Town: _____ Postal Code: _____ Company Fax: _____

Send correspondence to my home company.
(Choose One)

Address all correspondence in English French
(Choose One)

Section 2 - Examination Information

Please fill in your examination choices below. You must write the Core Manual examination within 12 months of your date of application.

1st Choice Location: _____ Date: _____

2nd Choice Location: _____ Date: _____

If your first choice is not available, you will be scheduled into your second choice. We will notify you which location you are scheduled to write at no later than one week prior to the examination date.

Section 3 – Confidentiality

Personal information contained on this form is collected under the authority of the Pesticides Act. It will be used to register participants in the Ontario Pesticide Training and Certification Program, issue certificates and provide information updates. The Ministry of the Environment will use the information to monitor compliance of requirements under the Pesticides Act and verify certification. Questions about this collection should be directed to the Co-ordinator, Ontario Pesticide Training and Certification Program, University of Guelph Ridgetown Campus, 1-888-620-9999 or (519) 674-1575.

I certify that the information given on this form is true and correct. Incomplete information may hold up registration.

Signature: _____ Date: _____

Section 4 – Payment (HST Exempt)

Name of Applicant (First, Middle, Last): _____

Technician Academic Course Requirement (Core Manual and Exam)

Total Payment: \$85.00

Payment by: (Choose One)

Cheque (payable to "University of Guelph") Money Order VISA MasterCard Do not send cash (no refunds)

Credit Card # _____ Expiry Date _____ CVV Code # _____

Cardholder's Name: _____ Cardholder's Signature: _____

Return completed application form and payment to:

By Mail:

Ontario Pesticide Training and Certification
University of Guelph, Ridgetown Campus
120 Main St E
Ridgetown ON N0P 2C0

By Fax: 519-674-1585 (with Visa/MasterCard payment only)

By Email: rcoptc@uoguelph.ca (with Visa/MasterCard payment only)

General Information 1-888-620-9999 (519-674-1575)