

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): _____

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

City/Town: _____ Postal Code: _____

Home Telephone: _____ Date of Birth:(Month/Day/Year) _____

Home Email Address: _____ Company Email Address: _____

Company Name: _____

Company Address (Number, Street, Unit): _____

City/Town: _____ Postal Code: _____

Company Telephone: _____

Send correspondence to my *home* *company* (Choose One) Address all correspondence in *English* *French*

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.

Location:

1st Choice: _____ Date: _____

2nd Choice: _____ 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 _____

YOU MUST COMPLETE PAGE 2

Section 4 – Payment (*HST Exempt*)

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

Technician Academic Course Requirement (Core Manual and Exam)

Total Payment: \$105.00

Payment by: (Choose One) **Cheque (payable to “University of Guelph”)** Money Order Do not send cash (*no refunds*)
VISA MasterCard

Credit Card # _____ Expiry Date _____ CVV Code # _____

Cardholder's Name: _____

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