

Pesticide Vendor Certification Course

Pre-Registration Form 2011/12

Ontario Pesticide Education Program 1-866-683-6737

UNIVERSITY
of GUELPH
RIDGETOWN
CAMPUS

CHANGING LIVES
IMPROVING LIFE

**You must pre-register. Please complete this form and fax to 519-674-1589.
On the day of your course or exam, please bring your completed form and your fee of \$200.
Cheques are payable to: University of Guelph**

Please Print:

Home Contact Information

Name:

_____ Your Name Will Appear This Way on Your Certificate

Address:

Include **ALL** of the following that apply:
RR #, 911#, Street,
Apt. #, P.O. Box #

_____ Town

_____ Postal Code

Telephone:

() _____

Area Code

Cell #: () _____

Area Code

Region or County: _____

Date of Birth: _____ / _____ / _____

Month / Day / Year

Company Contact Information

Company Name:

Address (Branch):

Include any of the following that apply:
RR #, 911#, Street,
Apt. #, P.O. Box #

_____ Town

_____ Postal Code

Telephone:

() _____

Area Code

Fax: () _____

Area Code

Region or County: _____

e-mail: _____

Course Information

Two Day One Day Self Study & Exam **Ship Study Package To:** Business Home

Date: _____ **Location:** _____

Have You Taken the No

Course Before? Yes

Previous Course Certification #: V _____

The Ontario 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 Ontario Pesticide Education Program, University of Guelph Ridgetown Campus, 1-800-652-8573.

It is an offence under S. 17(5) of the Pesticides Act, to provide false information. No person shall orally, in writing or electronically, give or submit false or misleading information in any statement, document or data to any provincial officer, the Minister, the Ministry, any employee in or agent of the Ministry or any person involved in carrying out a program of the Ministry in respect of any matter related to this Act or the regulations.

Signature: _____ **Date:** _____

For office use only: Cash Cheque Not Paid **Instructor Initials** _____ **Mark** _____