

Registration

2024-25 AERIAL CEC Recertification

STUDENT INFORMATION: (fields marked with * are required) PLEASE PRINT					
Social Insurance Number*		Student Number (if you have attended ACC before)		Gender (M or F) *	
Last Name *		First Name *		Middle Initial *	Birth date (year/month/day) *
Home Address *		City *		Prov. *	Postal Code *
Home Phone /Cell Phone*		Business Phone		PERSONAL Email*	

<input type="checkbox"/>	PEST-0042	AERIAL CEC Recertification	\$250.00
--------------------------	-----------	----------------------------	----------

NOTE: Registration in Pest-0042 Aerial CEC Recertification is necessary for the CEC tracking process. Individuals who are registered and obtain the 15 required CECs within the five-year recertification period will receive a Pass (P) on their final grade report made available through your MyACC account.

PAYMENT OPTIONS	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order (payable to Assiniboine College)
Card # _____ Expiry Date _____ Telephone _____			
Name of Card Holder _____ Authorized Signature _____			
<input type="checkbox"/> Sponsorship authorization gives the college permission to invoice/provide receipt in the Company name for the above named student. Before final grade reports can be released, payment <u>must</u> be received from the Sponsor.			
Company Name _____ Telephone _____ Fax _____			
Company Address _____ City _____ Province _____ Postal Code _____			
Contact Name _____ Authorized Signature _____			
Date _____			
*Sponsors please note that if you do not complete the sponsorship section the receipt will be made in the student's name and mailed directly to the student.			

DECLARATION

I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and MAFRI's Licensing Agent.

I declare that I have read and understood the information on this registration, including the Notice Regarding Collection, Use and Disclosure of Personal Information and that all statements made with respect to this registration are true and complete. I understand that misrepresentation, falsification of documents or the withholding of requested information with respect to this application can result in cancellation of the registration or dismissal from the college. I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada. I agree to comply with the regulations of Assiniboine College.

Signature of Student _____ **Date** _____

FOR SCHOOL USE ONLY:

The above student is authorized to register in PEST-0042 AERIAL CEC Recertification.

The five-year recertification period for this student will now end on December 31st, _____.

Authorized Signature _____ Date _____

For internal use only: <input type="checkbox"/> Reg <input type="checkbox"/> Accts <input type="checkbox"/> Ag Ext
