# Registration Form

Return to:
Agriculture & Environment
1430 Victoria Ave. East
Brandon, MB, R7A 2A9
Phone: 204.725.8700 Ext.6716
Agextension@assiniboine.net

## 2027 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) ☐ M ☐ 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* | | |

| | | | |
|---|---|---|---|
| ☐ | **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 Assiniboine Connect account.

| **COMPLETE THE PAYMENT INFORMATION:** | | | |
|---|---|---|---|
| **PAYMENT OPTIONS** ☐ **Visa** ☐ **MasterCard** ☐ **Cheque/Money Order (**payable to Assiniboine College) | | | |
| Card # | Expiry Date | Cardholder Phone # | |
| Card Holder Name | Card Holder Signature | | |

☐ **Company Invoicing or Sponsorship Authorization**

*Sponsorship authorization gives the college permission to invoice/provide a receipt in the Company name for the above-named student. Before final grade reports can be released, payment must be received from the Sponsor.*

*Sponsors, please note: if you do not complete the sponsorship section, the receipt will be made in the student's name and mailed directly to the student.*

| | | | |
|---|---|---|---|
| Company Name | Telephone | Email | |
| Company Address | City | Province | Postal Code |
| Contact Name | Sponsor Signature | | |

**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 _____

**Assiniboine College's collection, use and sharing of personal information is set out in its Privacy Policy and a copy of it is available by request from the FIPPA/PHIA Coordinator. By submitting your application or registration to Assiniboine you confirm that you consent to the collection and use of your personal information as identified at www.assiniboine.net/privacy**

**For internal use only:** ____ Reg ____ Accts ____ Ag Ext