

Registration for 2021 Pesticide Grower

Ag Extension Program
1430 Victoria Ave. East
Brandon MB R7A 2A9

<https://assiniboine.net/programs/pesticide-certification>

STUDENT INFORMATION (fields marked with * are required)					
Social Insurance # (SIN) *		Student Number (if you have attended ACC before)		Gender (M or F) M <input type="checkbox"/> F <input type="checkbox"/>	
Last Name *		First Name *		Middle Initial *	Birth date (yyyy/mm/dd) *
Home Mailing Address *		City *		Prov. *	Postal Code *
Home / Cell Phone *		Business Phone		PERSONAL Email*	

ONLINE WORKSHOP, MANUAL & EXAM				
Course Code	Name	Date/Time	Fee	
<input type="checkbox"/> PEST-0039	Pesticide Grower (Incl Washline Chlorination) with exam	Workshop: March 18, 2021 8:30 am – 12:00 pm Exam: March 18, 2021 – 1:00 pm – 4:00 pm	\$400.00	
<input type="checkbox"/> PEST-0998	Pesticide Grower (Incl. Tutorial & Washline Chlorination only) no exam	Workshop: March 18, 2021 8:30 am – 12:00 pm No Exam	\$200.00	
<input type="checkbox"/> PEST-0043	Grower Washline Chlorination	Workshop: March 18, 2021 – 11:00 am- 12:00 pm	\$50.00	

If you have questions regarding this course, please contact Angela Pearen at 204-725-8700 or 1-800-862-6307 Ext 6392; pearena@assiniboine.net

DECLARATION

I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and Manitoba Agriculture and Resource Development'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 Community College.

By checking this box, I agree to the "Declaration" terms ☐

PAYMENT OPTIONS <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque/Money Order (payable to Assiniboine Community College)			
Card #		Expiry Date	
Card Holder Name		Cardholder Phone #	
<input type="checkbox"/> Company Invoicing <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 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	
Company Address		City	Province Postal Code
Contact Name		Email	

PLEASE return the completed form to agextension@assiniboine.net or mail to address above.