

## Registration for 2025

## **Commercial Manure Applicator** https://assiniboine.net/programs/commercial-manure-applicator

STUDENT INFORMATION (fields marked with * are required)											
Social Insurance # (SIN) *				Student Number (if you have attended Assiniboine College before)       Gender (M or F)         M       F							
Last Name * First Nar			ne *			Middle Initial * Birth		rth date (y	n date (yyyy/mm/dd) *		
Home Mailing Address *			City *					Prov. *		Postal Code *	
Home / Cell Phone * Business Phone				PERSONAL Email*							
ONLINE MANUAL, COURSE WORK & EXAM REGISTRATION CLOSES: WEDNESDAY, AUGUST 28 <sup>TH</sup> , 2024 - This deadline is to ensure NEWLY REVISED study material is received before the course date. Select a course below:											
Course Code	I	Course S <sup>4</sup>		Course Start Dat	ate Ex		Exam Date		Fee		
□ AGRC-0999 & AGRC-0209	Liquid Manure Applicato			February 3 <sup>rd</sup> , 202		25 Ma	Mar 17 <sup>th</sup> , 2025; 9 a.m 12 p.		2 p.m.	\$400.00	
□ AGRC-0999 & AGRC-0210	Solid Manure Applicator				February 3 <sup>rd</sup> , 2025		Mar 17 <sup>th</sup> , 2025; 9 a.m		12 p.m. \$400.00		
□ AGRC-0999 & AGRC-0218	Solid/Liquid Manure Applicat			r	February 3 <sup>rd</sup> , 202	y 3 <sup>rd</sup> , 2025 Mar 17 <sup>th</sup> , 2025		025; 9 a.m 12 p.m.		\$400.00	
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											
I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and Manitoba Agriculture'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 could 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. By checking this box, I agree to the "Declaration" terms []											
PAYMENT OPTIONS         Visa         MasterCard         Cheque/Money Order         (payable to Assiniboine College)											
Card # Expiry			y Date			Cardholder Phone #					
Card Holder Name				Carc	Card Holder Signature						
Company Invoicing Company Invoicing 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. <u>Sponsors, please note:</u> 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				Cit	y		Province		Postal	Code	
Contact Name				Em	Email						

## PLEASE return the completed form to <u>agextension@assiniboine.net</u> or mail to the address above.

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