

Registration

2020-21 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	\$270.00
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NOTE: Registration in Pest-0042 Aerial CEC Recertification is necessary for the CEC tracking process. Individuals who are registered and complete the 15 required CECs within the five year recertification period will receive an ACC final grade report with a Pass (P).

PAYMENT OPTIONS	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque/Money Order (payable to Assiniboine Community 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 Manitoba Ag'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.

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 ends (date including month, day, year) _____.

Authorized Signature _____ Date _____

Assiniboine Community 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
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