

# Registration

## 202&-2' AERIAL CEC Recertification

<b>STUDENT INFORMATION:</b> (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.

<b>PAYMENT OPTIONS</b>	<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 _____			
<b>*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.</b>			

### DECLARATION

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 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 will now end December 31st, \_\_\_\_\_.

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](http://www.assiniboine.net/privacy)

<b>For internal use only:</b> ___    Reg    ___    Accts    ___    Ag Ext
---