



Return to:
 Ag Extension
 1430 Victoria Ave. East
 Brandon, MB R7A 2A9
 pesticide@assiniboine.net

Registration

2020 Commercial Manure Applicator

STUDENT INFORMATION: (fields marked with * are required)				
Social Insurance Number (SIN) *		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 *	Business Phone	Cell Phone *	Personal Email *	

Commercial Manure Applicator (Open Book Exams)	Winnipeg ACC Border Street Campus, 87 - 1313 Border St. (Border Place Complex)	Tuesday, March 24, 2020
<input type="checkbox"/> AGRC-0209 & AGRC-0999	Liquid Manure Applicator (workshop, manual and exam)	\$400.00
<input type="checkbox"/> AGRC-0210 & AGRC-0999	Solid Manure Applicator (workshop, manual and exam)	\$400.00
<input type="checkbox"/> AGRC-0218 & AGRC-0999	Solid/Liquid Manure Applicator (workshop, manual and exam)	\$400.00

If you have any questions regarding the CMA course, please contact Darren Harder at
 204.725.8700 or 1.800.862.6307
 Ext 7112; harderd@Assiniboine.net

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 _____

PAYMENT OPTIONS

Visa

MasterCard

Cheque/Money Order (payable to Assiniboine Community College)

Card # _____ Expiry Date _____ Telephone _____

Name of Card Holder _____ Authorized Signature _____

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.

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.**

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