

APPLICATION FOR NUTRIENT APPLICATION TECHNICIAN LICENCE

Environmental Management Branch

Note: Original signatures are required. Please type or print clearly in ink.

Please **complete** the 2 page application form and submit by mail or in person. **DO NOT FAX.**

<input type="checkbox"/> Application for new licence	<input type="checkbox"/> Application for renewed licence	Current licence # (if applicable):	Expiry Date (if applicable):
Section 1 – Applicant Information			
Applicant Name:			
Home Mailing Address (include 911, RR #):			
City/Town:			
Province:		Postal Code:	
Tel:		Fax:	
E-mail:			
Section 2 – Requirements for Licencing			
Courses		Location/Date	
<input type="checkbox"/> Nutrient Application Technician Licence e-Learning Course OR <input type="checkbox"/> Nutrient Application Technician Licence Course classroom OMAFRA- facilitated OR <input type="checkbox"/> Prescribed Materials Application Business Licence Course			
Exam Information			
Exam Date:		Exam Location:	Grade Received:
Additional Information Personal information is collected under the authority of the Nutrient Management Act, 2002, s. 32. The information will be collected and used by the Ministry or their agents for: a) the support of the certification and licensing program under the Nutrient Management Act, 2002, including future communications, research, training, certification, program development, plan approvals, monitoring and compliance, and b) will be added to an informational database. Note: The certification and registration registry is maintained by a third party service provider. For questions about the collection of this information, call 1-888-466-2372, x66374			
Section 3 - Declaration for the E-Learning Option			
I participated in the e-learning option and verify that I have fully completed the course, including the following elements:			
<input type="checkbox"/> viewed all chapters of the Nutrient Application Technician e-learning course			
<input type="checkbox"/> completed and passed all exercises in the e-learning course			
<input type="checkbox"/> discussed all questions in the “Talk to Your Employer” section with my employer			

Section 4 - Signature

Declaration

I hereby declare that to the best of my knowledge, all information I have provided in this form is complete and accurate. I further hereby declare that I have completed the training and testing requirements as required by OMAFRA to obtain the Nutrient Application Technician Licence.

Signature: _____ Date: _____

Submit Application to:

University of Guelph, Ridgetown Campus

Attn: Janet Nauta

120 Main Street East

Ridgetown, ON N0P 2C0

Tel: 1-855-648-1444