

APPLICATION FOR AGRICULTURAL OPERATION STRATEGY/PLAN DEVELOPMENT CERTIFICATE

Environmental Management Branch

**Note: Original signatures are required. Please type or print clearly in ink.
Please complete the application form and submit by mail or in person. DO NOT FAX.**

Signature and contact information are on page two.

<input type="checkbox"/> Application for new certificate	<input type="checkbox"/> Application for renewed certificate	Current Certificate Number (if applicable):	Expiry Date (if applicable)
Section 1 – Applicant Information			
Applicant Name:			
Company Name (if applicable):			
Home Mailing Address (include 911, RR #):			
City/Town:		Region/County Covered:	
Province:		Postal Code:	
Tel:	Fax:	E-mail:	
Section 2 – Requirements for Certification			
Courses		Location/Date	
<input type="checkbox"/> Introduction to Nutrient Management			
<input type="checkbox"/> Regulation and Protocols			
<input type="checkbox"/> How to Prepare an NMS/P Using NMAN			
Nutrient Management Strategies and Plans (NMS/P)	ID #	Review Date	
<input type="checkbox"/> Fictitious NMS/P #1			
<input type="checkbox"/> Fictitious NMS/P #2			
<input type="checkbox"/> 1 Real NMS/P			
Exam			
<input type="checkbox"/> Exam Date:	Exam Location:	Grade Received:	
Additional Information			
<p>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. For information, contact the Agricultural Information Contact Centre, Ministry of Agriculture, Food and Rural Affairs, 1-866-242-4460 or nman.omafra@ontario.ca. Note: In the future, the certification and registration registry may be maintained by a third party service provider.</p>			
<input type="checkbox"/> Yes, I would like my name made publicly available through OMAFRA (e.g. OMAFRA website, regional distribution, written publications, information centre requests, etc).			

Section 3 – 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 to obtain the Agricultural Operation Strategy/Plan Development (AOSPD) Certificate.

Name (print): _____ Applicant's Signature: _____

Date: _____ CCA#: _____ (if applicable)

Applications must be submitted to:

Environmental Management Branch
Ministry of Agriculture, Food and Rural Affairs
Training, Education and Communications Unit
3rd Floor SW
1 Stone Road West
Guelph, Ontario N1G 4Y2
Tel: 1-866-242-4460

