



Mission: To inspire lifelong learning and leadership through experience, excellence and innovation.
Vision: Transforming the future through innovative learning.
Values: We value learner success, integrity, respect, community, excellence and innovation.

LEADING.
LEARNING.
SINCE 1913.

COMMERCIAL PESTICIDE DISPENSER APPLICATION

(Alberta Schedules 1, 2, & 3 Products)

Lakeland College complies with the **Freedom of Information and Protection of Privacy Act** of Alberta. Information collected on this form is used in the normal course of College operations in accordance with this legislation. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator.

1. Personal Information:		STUDENT ID#	
M / F	LAST NAME:		
FULL FIRST NAME REQUIRED		MIDDLE NAME REQUIRED	
BIRTH DATE REQUIRED	MONTH	DAY	YEAR
APARTMENT NUMBER, BOX NUMBER, STREET (MAIL HERE <input type="checkbox"/>)			
CITY/TOWN		PROVINCE	POSTAL CODE
CELL PHONE		HOME PHONE	
E-MAIL FOR CURRENT & FUTURE PESTICIDE OFFICE NOTIFICATIONS (MAKE SURE TO UPDATE IF THIS CHANGES) HOME <input type="checkbox"/> OR WORK <input type="checkbox"/>			

2. Employment (if self-employed, name of business operation)		
SERVICE REGISTRATION #		
COMPANY/OUTLET NAME		
SUPERVISOR'S NAME		
COMPANY/OUTLET MAILING ADDRESS (MAIL HERE <input type="checkbox"/>)		
CITY/TOWN	PROVINCE	POSTAL CODE
WORK PHONE	OFFICE PHONE	

3. REASON FOR APPLICATION

- Recertification of Certificate – Renewal (Complete Section 4 - **\$205**)
 - Dispenser Certificate (For Valid Pesticide Applicator Certificate Holders **Only - \$205**)
 - Replacement Certificate (For Lost or Damaged Certificates - **\$60**)
 - Cross Provincial Transfer Certificate*** (Study AB Legislation & **WRITE RECIPROCITY EXAM - \$225**)
- ****NOTE: Please submit a copy of your current Cross Provincial Certificate with this application form.

4. COMPLETE CERTIFICATE INFORMATION, AUTHORIZATION & SIGNATURE INFORMATION

Certificate Number _____	Province of Current Dispenser Certificate _____
Issue Date _____	Expiry Date _____
I, _____, hereby authorize Lakeland College, Alberta Environment, and its affiliates to	
<i>Please Print Name</i>	
verify the above information for the issuance of an Alberta Commercial Pesticide Dispenser Certificate.	
Signature _____	Date _____

Mail or Scan (PDF) & email this **completed form** bearing the signature of the applicant along with payment & a **copy of your current certificate**.

5. Method of Payment To: Lakeland College - Pesticides, 5704 College Drive, Vermilion, AB T9X 1K4 pesticides@lakelandcollege.ca

_____ Total \$ Processing Fee (NO GST) + _____ Total \$ Rush (\$50.00) = _____ Grand Total	Charged Posted _____ Receipt # _____	FOR OFFICE USE ONLY <input type="checkbox"/> Sent to Employer <input type="checkbox"/> Sent with Material <input type="checkbox"/> Sent under Separate Cover
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Cash Money Order Cheque (payable to **Lakeland College-Pesticides**) Visa MasterCard CVV #

Enter Card # here _____ exp. ____ / ____

Name on Card _____ Signature _____