



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.

PESTICIDE APPLICATOR RECERTIFICATION APPLICATION

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.

I hereby make application for a Pesticide Applicator Certificate of Qualification as required by the Pesticide Sales, Handling, Use and Application Regulation 24/97 of the *Environmental Protection and Enhancement Act* (available from the *Queens Printers in Calgary or Edmonton*) of the Province of Alberta. In support of this application, I supply the following information:

1. Personal Information		STUDENT ID#		2. Employment (if self-employed, name of business operation)	
M/F	LAST NAME:			SERVICE REGISTRATION #	
FULL FIRST NAME REQUIRED		MIDDLE NAME REQUIRED		COMPANY/OUTLET NAME	
BIRTH DATE REQUIRED	MONTH	DAY	YEAR	SUPERVISOR'S NAME	
HOME MAILING ADDRESS (MAIL HERE <input type="checkbox"/>)				COMPANY/OUTLET MAILING ADDRESS (MAIL HERE <input type="checkbox"/>)	
CITY/TOWN		PROVINCE	POSTAL CODE	CITY/TOWN	PROVINCE
CELL PHONE		HOME PHONE		WORK PHONE	OFFICE PHONE
CONTACT E-MAIL FOR CURRENT & FUTURE PESTICIDE OFFICE NOTIFICATIONS (MAKE SURE TO UPDATE IF THIS CHANGES) HOME <input type="checkbox"/> OR WORK <input type="checkbox"/>					

3. Class of Pesticide Applicator Certificate (If NOT recertifying a Certificate see No. 10)

Check the class of Pesticide Applicator Certificate for which you have successfully completed the recertification requirements:

****must also submit a copy of your Commercial Pilot Licence**

Aerial Aquatic Vegetation Forestry Fumigation Industrial Structural

Agriculture Biting Fly Greenhouse Fumigation for Stored Ag Landscape

Special Certificates:

Exterior Rodent Control Seed Protectant Roots in Pipes Interior Plantscape Fish & Aquatic Invertebrate

4. Applicator Certificate Number: _____ **Expiry Date:** _____

5. Recertification Requirements – Page 2/No. 8 Credit Worksheet for credit calculating:

I have calculated my credits from my Credit Report and have obtained all required Concept Areas/Credits for all certificates I hold.

Date exam booked _____ for **RESTRICTED CERTIFICATES:** If your certificate contains a restriction that indicates "Restricted from Operating a Registered Service", prior to recertifying your certificate you will, in addition to the above requirement, have to write and pass the Alberta Legislation exam. You can arrange to write this exam by contacting the Lakeland College Office. Passing this exam will also provide you with 2 credits in Regulations that can be applied towards your current recertification credit requirements.

6. I believe the foregoing information to be correct in all particulars.

DATE: _____ SIGNED: _____

Mail or Scan to PDF & email - this **completed form** bearing the signature of the applicant along with payment & a **copy of your current certificate**.
7. Method of Payment to: Lakeland College - Pesticides, 5704 College Drive, Vermilion, AB T9X 1K4 (pesticides@lakelandcollege.ca)

_____ TOTAL \$ PROCESSING (\$205.00) (NO GST) + _____ TOTAL \$ RUSH (\$50.00) = _____ GRAND TOTAL	Charge Posted _____ Receipt # _____	FOR OFFICE USE ONLY <input type="checkbox"/> Sent to Employer <input type="checkbox"/> Sent with certificate <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 _____

8. NOTE: courses must be approved for credit for the class of certificate that the applicator holds.

CREDIT WORKSHEET	CONCEPT AREAS REQUIRED										Other	15 Total Credits	
	2 credits Regulatory Information		1 credit Environmental Issues		2 credit Human Health & Safety		2 credit Pest Management		2 credit Application Technology			HAVE	NEED
	HAVE	NEED	HAVE	NEED	HAVE	NEED	HAVE	NEED	HAVE	NEED			
CERTIFICATE/S HELD													

EXCEPTIONS TO CERTIFICATE CLASSES	
ALL OTHER CERTIFICATES EXCEPT THE ONES BELOW.	Obtain 15 continuing education credits in the required concept areas by the certificate expiry date and complete a recertification form and submit the set fee.
Aquatic Vegetation	Obtain 2 –Regulations, 2-Human Health, 1-Environment, 2-Pest Management, 2-Application Technology + 1 other credit = 10 continuing education credits by certificate expiry and complete a recertification form and submit the set fee.
Special: Roots in Pipes (Lesson 804) Special: Exterior Rodent Control (Lesson 505) Special: Fish & Aquatic Invertebrate Fumigation for Stored Ag Products (Lesson 801)	Obtain 6 core credits consisting of 2 –Regulations, 2-Human Health, 1-Environment plus one other credit in one of the above concept areas or labeling or emergency response. Continuing education credits must be approved for ‘all classes’ of applicator certificate or specific to the certificate applicator category held. Complete the required lesson from Lakeland College and return with completed forms and fees – Special Certificate Grading for lesson and Recertification form. A minimum grade of 80% on your lesson along with the noted credits is required in order to qualify to recertification.
More information on the Pesticide Applicator Recertification Program (including a list of courses approved for credit) is available on the following website: https://www.alberta.ca/using-pesticides-applicator-recertification.aspx	

9. FOR Training completed & ONLY IF NOT LISTED on Credit Report (use separate sheet if needed)

Course Name and Location	Date Completed	Concept Area	Credit Earned
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

PLEASE NOTE that certificates will not be issued until they expire to ensure a full 5 year renewal.

10. If you DO NOT WANT TO RECERTIFY a Class of Certificate you MUST fill in the following:

I _____ **DO NOT WANT** to renew these class(es) of certificate(s) below

1. _____, 2. _____,
3. _____, 4. _____.

at the present time, but may choose to obtain the necessary Continuing Education Credits to renew within one year of my pesticide applicator certificate expiry date.

SIGNATURE _____