



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 RECIPROCITY 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) SERVICE REGISTRATION # COMPANY/OUTLET NAME SUPERVISOR'S NAME COMPANY/OUTLET MAILING ADDRESS (MAIL HERE <input type="checkbox"/>) CITY/TOWN PROVINCE POSTAL CODE WORK PHONE <input type="checkbox"/> OFFICE PHONE <input type="checkbox"/>	
M/F	LAST NAME:				
FULL FIRST NAME REQUIRED		MIDDLE NAME REQUIRED			
BIRTH DATE REQUIRED	MONTH	DAY	YEAR		
APARTMENT NUMBER, STREET, BOX NUMBER (MAIL HERE <input type="checkbox"/>)					
CITY/TOWN		PROVINCE	POSTAL CODE		
CELL PHONE <input type="checkbox"/>		HOME PHONE <input type="checkbox"/>			
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 from other province***

Check the class of Pesticide Applicator Certificate for which you have successfully completed the certification requirements and/or the class that you wish to obtain a Certificate:
****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
*****NOTE:** Alberta Pesticide Reciprocity applications may take 4-6 weeks to process a certificate based on reciprocity as there may be delays in receiving information from the province that first issued the certificate.

4. I am scheduled to write the **CORE RECIPROCITY EXAM** on _____

5. By signing below, I allow the release of my pesticide applicator certificate information and any compliance related issues to Alberta Pesticide applicator authorities for reciprocity application purposes. I believe the foregoing information to be correct in all particulars.

DATE: _____ SIGNED: _____

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

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

_____ TOTAL \$ PROCESSING (\$225.00) (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 _____