



**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 REPLACEMENT CERTIFICATE 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 Queens Printers in Calgary or Edmonton) of the Province of Alberta. In support of this application, I supply the following information:

|   |            |                      |             |  |  |              |             |  |
|---|------------|----------------------|-------------|--|--|--------------|-------------|--|
| <b>1. Personal Information</b>  |            | STUDENT ID#          |             | <b>2. Employment</b> (if self-employed, give 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     | POSTAL CODE |  |
| CELL PHONE  |            | HOME PHONE           |             | WORK PHONE   |  | OFFICE 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"/> |            |                      |             |  |  |              |             |  |

### 3. Class of Pesticide Applicator Certificate

Check the class of Pesticide Applicator Certificate that you currently hold:

**\*\*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

### 4. Applicator Certificate Information:

Pesticide Applicator Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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

DATE: \_\_\_\_\_ SIGNED by Applicant: \_\_\_\_\_

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](mailto:pesticides@lakelandcollege.ca))**

|  |  |  |
|--|--|--|
| _____ TOTAL \$ PROCESSING( \$60.00) NO GST<br>+ _____ TOTAL \$ RUSH (\$50.00)<br>= _____ GRAND TOTAL | Charge Posted _____<br>Receipt # _____ | <b>FOR OFFICE USE ONLY</b><br><input type="checkbox"/> Sent to Employer<br><input type="checkbox"/> Sent with Material<br><input type="checkbox"/> Sent under Separate Cover |
|--|--|--|

Cash     Money Order     Cheque  (payable to Lakeland College-Pesticides)    Visa     Mastercard     CVV#   
 Enter Card # here \_\_\_\_\_ exp. \_\_\_\_ / \_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_