Application for IPM Certification Examination – Public Works

By Email: rcipmap@uoguelph.ca

IPM Cert	ification Program	University of Guelph Ri	dgetown Campus	
General	nformation: 1-866-385-4762	(519-674-1538)	Fax: 519-674-1585	Email: rcipmap@uoguelph.ca
Section 1	- Personal and Public Work	s Information (print clea	rly in ink)	
Name of	Applicant (First, Middle, Last):		
Date of E	Birth (Month/Day/Year):			
Home Ad	ldress (#, Street, Apt. /Unit):			
City/Tow	n: F	rovPost	tal Code	
Home Te	lephone:	Home Fax:		
Preferred	d Email Address:	Publ	ic Works Email Address	
Public W	orks Name:			
Public W	orks Address (#, Street, Apt.	/Unit):		
City/Tow	n:Pro	ov:Posta	l Code:	
Public W	orks Telephone:	Public Wor	ks Fax:	
Industria	l Vegetation Licence Number	: 70-03	Expiry Date:	
Send cor	respondence to my Home 🗖	Public Works 1 . (Choo	se One)	
	! - Examination Information ke to register for the followi	ng examination date and	location.	
1st Choic	e: Location:		Date:	
2nd Choi	ce: Location:		Date:	
-	rst choice is not available, yo no later than one week prior		our second choice. We will notify you	u which location you are scheduled to
Personal			dential and will be used to register pa anada and to evaluate the impact an	
I certify t	hat the information given on	this form is true and cor	rect.	
Signature	<u>:</u>		_ Date:	
Section 4	I –Payment (HST exempt)	Incomplete informatio	n may hold up registration	
Payment	by: (Choose One)			
☐ Chequ	ue (payable to "University of	Guelph") 🗖 Money Ord	er 🗖 VISA 🗖 MasterCard	
Do not se	end cash (no refunds)			
Credit Ca	rd #			
Expiry Da	nteCVV	Code #		
Cardhold	er's Name:			
Cardhold	er's Signature:			
Return c	ompleted application form a	nd payment to:		
By Mail:	IPM Accreditation Program			
	University of Guelph, Ridge	cown Campus		
	120 Main St E			
	RIDGETOWN ON NOP 2CO			
By Fax:	519-674-1585 (with Visa/M	asterCard payment only)		