

IPM Accreditation Program

Annual Registration Form – IPM Certified Applicator for Public Works

Section 1 – Personal and Golf Facility Information

Name of IPM Certified Applicator: _____ Certification Number: _____

Industrial Vegetation Exterminator Licence #: _____ Expiry Date: _____

Home Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Home Telephone: _____ Preferred Email: _____

Public Works Name: _____

Public Works Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Public Works Telephone: _____ Public Works Email: _____

Send Correspondence to: Home Public Works

Section 2 – Payment: \$75.00 + HST = \$84.75 HST #R108161829 No refunds

Payment by: Cheque (payable to “University of Guelph”) Money Order Visa Mastercard

Credit Card #: _____ Expiry Date: _____ CVV Code: _____

Cardholders Name: _____ Cardholders Signature: _____

Section 3 – Confidentiality

Information contained on this form will remain confidential and will be used during the registration process of IPM Certified Agents, to provide information updates to the IPM Council of Canada and Ministry of the Environment and to evaluate the impact and usefulness of the program. I certify that the information given on this form is true and correct.

Signature: _____ Date: _____

Return completed registration form and payment: (Incomplete information may hold up registration)

By mail to: IPM Accreditation Program
University of Guelph, Ridgetown Campus
120 Main Street East
Ridgetown, ON N0P 2C0
Ph: 1-866-385-4762 Fax: 519-674-1585

By Email to: rcipmap@uoguelph.ca