



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/COMMERCIAL DISPENSER EXAM REQUEST

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.

ORDER RECEIVED _____ BY _____ EXAM INFO SENT _____ BY _____ PROCTOR INFO SENT _____ BY _____

1. Personal Information	Student ID# _____	2. Employment (if self-employed, give name of business operation)	
M/F _____	Last Name: _____	Service Registration # _____	
Full First Name required _____		Company/Outlet Name _____	
Middle Name required _____		Supervisor's Name _____	
Birth date Required _____	Month _____	Day _____	Year _____
Apartment Number, Street, Box Number _____			
City/Town _____		Province _____	Postal Code _____
Cell Phone _____		Home Phone _____	
Company/Outlet Mailing Address _____			
Work Phone _____		Office phone _____	
Home E-mail - EXAM INFO HERE <input type="checkbox"/> AND/OR RECEIPT <input type="checkbox"/>			
Office E-mail - EXAM INFO HERE <input type="checkbox"/> AND/OR RECEIPT <input type="checkbox"/>			

3. Exam to be written: SUBMIT & CALL OFFICE TO BOOK 1-866-853-8646

Core	No Core	Supplemental
Date of Writing: _____	Time: _____	
1st Write	2 nd Write	3 rd Write
Exam Centre:		
Olds	Grande	
College	NorQuest	Lethbridge
	Prairie	Vermilion

4. Additional Information

1. Have you ever written this exam before? Yes No	
If so, when, _____	
2. Do you currently hold any other pesticide applicator certificate in Alberta? Yes No	
If so, which one/is it still valid? _____	
3. Are you writing this exam for Recertification? Yes No	
Certificate Number: _____	

NOTE: If you pass the core but fail the technical portion of the exam an Authorized Assistant certificate will be generated.

5. Method of Preparation – completion of homestudy is required. Have you completed the homestudy? YES NO _____

6. Exam 3rd Re-write – letter of six hours hands-on training received date _____

7. Reciprocity – Other (Applicator/Dispenser) Province where certificate held _____ Reciprocity Application received _____

If you are paying your exam fee by cash, cheque or money order, please enclose payment along with this completed form (pesticides@lakelandcollege.ca).

To book date for exam phone 1-866-853-8646 or 780-853-8646.

to register.

8. Method of Payment to: Lakeland College - Pesticides, 5704 College Drive, Vermilion, AB T9X 1K4

_____ TOTAL \$ EXAM (\$225.00) + _____ TOTAL (\$50.00) RUSH + _____ \$ DATE CHANGE (\$60.00) = _____ GRAND TOTAL (NO GST)	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 <input type="checkbox"/> Given to applicant
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Cash **Money Order** **Cheque** (payable to Lakeland College-Pesticides) **Visa** **MasterCard** **CVV#**

Enter Card # here _____ exp. ____ / ____

Name on Card _____ Signature _____