

**Application for IPM Accreditation Examination**  
**General Enquiries 1-866-385-4762 / 519-674-1538**



**Section 1 - Personal and Company/Organization Information**

**Print clearly in ink**

Name of Applicant (First, Middle, Last)		Date of Birth (Mon/Day/Year)
Home Address (Number, Street, Apt./Unit)		Home Telephone ( )
City/Town	Postal Code	Home Fax ( )
Company Name		
Company Address (Number, Street, Apt./Unit)		Company Telephone ( )
City/Town	Postal Code	Company Fax ( )
County/Regional Municipality		Email:

**Landscape Exterminator Licence Number: 70 - 02 - \_\_\_\_\_ Expiry Date: \_\_\_\_\_**

**Send correspondence to my *home*  *company* .**

**Industry Sector (must select one):** Lawn Care \_\_\_\_\_ Golf \_\_\_\_\_ Municipal \_\_\_\_\_

**Section 2 - Examination Information:** I would like to register for the following examination date and location:

1st Choice: Location: \_\_\_\_\_ Date: \_\_\_\_\_

2nd Choice: Location: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: If your first choice is not available, you will be scheduled into your second choice.  
We will let you know which location you are scheduled for at least one week before the examination date.

**Section 3 - Payment: \$250.00 (GST Exempt)**

Payment by  Cheque  Money Order  VISA  MasterCard Do not mail cash. (No refunds)  
Make cheque payable to "University of Guelph".

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Name on Card \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Section 4**

Personal information contained on this form will remain confidential and will be used to register participants in the IPM Accreditation Program, provide information updates to the IPM-PHC Council of Canada 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 application form and payment to:** (Incomplete information may hold up registration.)

**By mail to:** IPM Accreditation Program,  
U of G RC, 120 Main St. E.,  
RIDGETOWN, ON N0P 2C0

**By fax to : 519-674-1585** (with Visa/MasterCard payment only)