

APPLICATION FOR AGRICULTURAL OPERATION PLANNING CERTIFICATE

Environmental Management Branch

Note: Original signatures are required. Please type or print clearly in ink.
Please complete the application form and submit by mail or in person. DO NOT FAX.
Signature and contact information are on page two.

<input type="checkbox"/> Application for new certificate	<input type="checkbox"/> Application for renewal certificate	Current Certificate Number (if applicable):	Expiry Date (if applicable)
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Section 1 – Applicant Information

Applicant: Name:

Farm Name:

Home Mailing Address (include 911, RR #):

City/Town:

Province:

Postal Code:

Tel:

Fax:

E-mail:

Section 2 – Requirements for Certification

Courses	Location/Date
<input type="checkbox"/> Introduction to Nutrient Management OR <input type="checkbox"/> Equivalency (Quiz and 3 rd Edition EFP) <div style="margin-left: 40px;">Quiz: Mark received _____</div> <div style="margin-left: 40px;">EFP: Letter of approval attached _____</div>	
<input type="checkbox"/> Regulation and Protocols	

Additional Information

Personal information is collected under the authority of the Nutrient Management Act, 2002, s. 32. The information will be collected and used by the Ministry or their agents for: a) the support of the certification and licensing program under the Nutrient Management Act, 2002, including future communications, research, training, certification, program development, plan approvals, monitoring and compliance, and b) will be added to an informational database. For information, contact the Agricultural Information Contact Centre, Ministry of Agriculture, Food and Rural Affairs, 1-866-242-4460 or nman.omafra@ontario.ca. Note: In the future, the certification and registration registry may be maintained by a third party service provider.

Section 3 – Signature

Declaration

I hereby declare that, to the best of my knowledge, all information I have provided in this form is complete and accurate. I further hereby declare that I have completed the training and testing requirements as required to obtain the Agricultural Operation Planning (AOP) Certificate.

Name (print): _____ Applicant's Signature: _____

Date: _____ CCA#: _____(if applicable)

Applications must be submitted to:

Environmental Management Branch
Ministry of Agriculture, Food and Rural Affairs
Training, Education and Communications Unit
3rd Floor SW
1 Stone Road West
Guelph, Ontario N1G 4Y2
Tel: 1-866-242-4460