

**Ministry of Agriculture,  
Food and Rural Affairs**

**Ministère de l'Agriculture, de  
l'Alimentation et des Affaires  
rurale**



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*Personal information is collected under the authority of the Nutrient Management Act, 2002, S.O. 2003, c.4 and O. Reg 267/03 as amended, s. 100. The information will be collected and used by the Ministry for: a) the support of certification and licensing requirements under the Nutrient Management Act, 2002, including future communications, plan approvals, monitoring and compliance, and b) will be added to an informational database. For information, contact the Manager, Training and Certification, Nutrient Management Branch, Ministry of Agriculture and Food, 519-826-6572. Note: In the future, the Certification and Registration registry may be maintained by a third party service provider.*

**Environmental Management Branch**

**Note: Original signatures are required. Please complete the application form and submit by mail or in person. Please Print Clearly in Ink.**

**DO NOT FAX**

Application for Agricultural Operation Planning Certificate		
<b>Section 1 – Applicant Information</b>		
Farm Name		
Mailing Address (include 911, RR#)		Telephone ( )
City/Town	Postal Code	Fax ( )
County/Regional Municipality	Email Address	
Name of Applicant (First, Middle, Last)		
<b>Section 2 – Requirements for Certification</b>		
<b>Courses</b>	<b>Location/Date</b>	
<input type="checkbox"/> Regulation and Protocols		
<input type="checkbox"/> Fundamentals of Nutrient Management or Equivalency		
<input type="checkbox"/> Introduction to NMAN <b>OR</b>		
<input type="checkbox"/> How to Prepare an NMS/P (Optional)		
<b>Please indicate any that apply</b>	<b>Indicate Number</b>	
Are you a CCA?		
Are you P. Ag?		
Other Professional Designation		

\_\_\_\_\_  
(Applicant's signature)

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's title (farm owner, manager)

