

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

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



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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 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, Food and Rural Affairs, 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 Broker Certificate		
Section 1 – Company and Applicant Information		
Company Name		
Name of Owner		
Mailing Address (include 911, RR#)		Telephone ()
City/Town	Postal Code	Fax ()
County/Regional Municipality		Email Address
Name of Applicant or Name of Designated Authorized Agent: i.e. Name of Person who completed the course and passed the exam (First, Middle, Last)		
Section 2 – Requirements for Certification		
<ul style="list-style-type: none"> • Completion of Broker's Certificate Course <u>OR</u> Land Application Business Owner's Licence Course • Successful completion of exam 		
Course Date	Course Location	
Exam Date	Exam Location	
		Grade Received:

- I would like this Certificate issued in my name
- I would like this Certificate issued in the company name, identifying me as the Designated Authorized Agent

Additional Information

- Yes, I would like my name made publicly available through OMAFRA (e.g. OMAFRA website, regional distribution, written publications, information centre requests, etc).
- Yes, I would like my company's name made publicly available through OMAFRA (e.g. OMAFRA website, regional distribution, written publications, information centre requests, etc).

_____ Date _____
(Applicant's Signature)

CCA# _____ (if applicable)

