

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

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



3rd Floor NW  
1 Stone Road West  
Guelph, Ontario N1G 4Y2  
Tel: 1-866-242-4460  
Fax: (519) 826-6611  
Email:nman.omafra@ontario.ca

3<sup>e</sup> étage ouest du nord  
1, rue Stone ouest  
Guelph (Ontario) N1G 4Y2  
Tél.: 1-866-242-4460  
Téléc.: (519) 826-6611  
CE:nman.omafra@ontario.ca

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**

<b>Application for Prescribed Materials Application Business Licence</b>			
<b>Section 1 – Company and Applicant Information</b>			
Company Name			
Name of Owner			
Mailing Address (include 911, RR#)			Telephone ( )
City/Town	Postal Code	Fax ( )	
County/Regional Municipality		Email Address	
<b>Name of Applicant or Name of Designated Authorized Agent:</b> i.e. Name of person who completed the course and passed the exam (First, Middle, Last Name)			
<b>Section 2 – Requirements for Licencing</b>			
<ul style="list-style-type: none"> <li>• Completion of the two-day Land Application Business Owner Licence Course</li> <li>• Successful completion of the exam</li> </ul>			
<b>Course Date</b>		<b>Course Location</b>	
<b>Exam Date</b>		<b>Exam Location</b>	
			<b>Grade Received:</b>

- I would like this Licence issued in my name
- I would like this Licence 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)

