

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

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



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  
Télééc.: (519) 826-6611  
CE:nman.omafra@ontario.ca

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 Strategy/Plan Development Certificate			
Section 1 – Applicant Information			
Company Name			
Name of Owner			
Mailing Address (include 911, RR#)		Telephone ( )	
City/Town	Postal Code	Fax ( )	
County/Regional Municipality		Email Address	
Section 2 – Requirements for Certification			
Courses		Location/Date	
<input type="checkbox"/> Regulation and Protocols			
<input type="checkbox"/> Fundamentals of Nutrient Management			
<input type="checkbox"/> Introduction to NMAN <b>OR</b>			
<input type="checkbox"/> How to Prepare an NMS/P			
<input type="checkbox"/> Professionalism & Ethics Course (Optional)			
FICTITIOUS PLANS	ID #	Review Date	Please indicate any that apply
<input type="checkbox"/> NMS/P			<input type="checkbox"/> CCA #
<input type="checkbox"/> NMS/P			<input type="checkbox"/> P.Ag #
<input type="checkbox"/> NMS/P			<input type="checkbox"/> Other Professional Designation
EXAM			
<input type="checkbox"/> Exam Date	Grade Received:		

**Additional Information**

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

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

Date \_\_\_\_\_

