APPLICATION FOR PRESCRIBED MATERIALS APPLICATION BUSINESS LICENCE

Under the Nutrient Management Act, 2002

Complete and sign the application form and submit the original by mail or send a scanned version by e-mail.

Please print clearly in ink.

| Part 1: Applicant information (Please use your full name as it appears on your government-issued identification) | | | | | |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--|
| Applica | ant Name (full nar | ne as it appears on your government issu | ed identification (i.e. driver's licenc | e)) | |
| Compa | any Name (if appli | cable) | | | |
| Home | Mailing Address | (include 911, RR # and/or P.O. Box #) | | | |
| City/Town | | Province | Postal Code | Telephone | |
| E-mail | Address | | | | |
| Part 2: | : Requirements | for Certification | | | |
| Part 3 : | Completed the Passed the Pre MAB Licence constant Age Authorized Age Yes, I will act as I agree as required Agent results. | s the authorized agent for the compar to notify OMAFRA in writing within 15 ired in Section 104 (8). I understand equest form, should I be hired by and t as the authorized agent for any com | s (PMAB) Licence examing a valid PMAB licence by identified below days should I cease to be this that I will be required to submit other company to be their authorpany | a Change of Authorized | |
| If yes a | above, this sectio | n to be completed by company owner | r or designated official | | |
| • | any Name any Address | | | Company Telephone | |
| | | y owner or designated official, I certify gular involvement in the operational a | | | |

Part 4: Notice of Collection and Use of Personal Information

| Personal information is collected under the authority of section 42(2) of the Nutrient Management Act, 2002 (NMA). The information, |
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| collected by the University of Guelph Ridgetown Campus, will be used for administrative purposes, including: (a) the support of the |
| certification and licensing program under the NMA, including future communications, research, training, certification, program |
| development, plan approvals, monitoring and compliance; and (b) will be added to an informational database. The information |
| collected will be shared with the Ministry of Agriculture, Food and Rural Affairs and the Ministry of the Environment and Climate Change |
| and may be subject to disclosure under the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F. 31, as amended. |
| If you have any questions or require further information, please contact the Program Manager, Business Development Centre, |
| Ridgetown Campus at 519-674-1500, ext. 63576. |
| |

| | Yes, I would like my name and company made publicly available on the PMAB Licencees directory at www.nutrientmanagement.ca Region you service (fill in only if you want this to appear on the public directory): |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Par | t 5: Declaration |
| furt | ereby declare that to the best of my knowledge, all information I have provided in this form is complete and accurate. I her hereby declare that I have completed the training and testing required for the Prescribed Materials Business olication Licence. |

Submit Application to:

Applicant Signature

Nutrient Management Training Attention: Janet Nauta University of Guelph Ridgetown Campus 120 Main Street East Ridgetown ON N0P 2C0 E-mail: rcnman@uoguelph.ca

Date

Telephone: 1-855-648-1444