

CHANGE OF AUTHORIZED AGENT REQUEST FORM

Under the Nutrient Management Act, 2002

For individuals requesting change of authorized agent status

Fill this section out if you are no longer the Authorized Agent for a company

Your Name: _____

Broker #: _____ Prescribed Material Application Business (PMAB) #: _____

Signature: _____

Date: _____

This notice confirms that I am no longer the Authorized Agent for:

Company: _____

Fill this section out if you are a new Authorized Agent for a company

Your Name: _____

This notice confirms that I am now the:

Authorized Broker Agent Authorized PMAB Agent

for company noted below:

Company Name: _____

Company Telephone: _____

Company Address: _____

As the company owner or other designated official, I certify that the applicant named above has ongoing and regular involvement in the operational aspects of the company's brokering operation or prescribed materials application business.

Signature of company official: _____

Name and position of company official: (please print) _____

Send form to:

Director of Nutrient Management Act
c/o Janet Nauta
University of Guelph, Ridgetown Campus
120 Main St East
Ridgetown ON N0P 2C0
Phone: 519-674-1500 ext 63504

CHANGE OF AUTHORIZED AGENT REQUEST FORM

Under the Nutrient Management Act, 2002

For companies requesting change of authorized agent

Name of company: _____

Name and title of company official (please print): _____

Signature of company official: _____

Date: _____

This notice confirms that _____ is no longer an authorized agent for our company. (please print name of previous authorized agent)

To assign a new authorized agent for your company, please complete the FIRST PAGE of this Form.

Send form to:

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