## **APPLICATION FOR BROKER CERTIFICATE**

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)					
Applicant Name (full name as it appears on your government issued identification (i.e. driver's licence))					
Company Name (if application	ahla)				
Company Name (ii applica	aule)				
Home Mailing Address (in	nclude 911, RR # and/or P.O. Box #)				
City/Town	Province	Postal Code	Telephone		
E-mail Address					
Part 2: Requirements fo	or Certification				
☐ Passed the Broke	roker Certificate course: * er Certificate exam ourse is not required if you are rene	wing a valid Broker certificate			
Part 3: Authorized Ager	nt Notification				
□ • Yes, I will act as	s the authorized agent for the comp	any identified below			
as requir	o notify OMAFRA in writing within 1 ed in Section 104 (8). I understand quest form, should I be hired by and	I that I will be required to submit	t a Change of Authorized		
□ • No, I will not ac	t as the authorized agent for any co	mpany			
If yes above, this section	to be completed by company owne	r or designated official			
Company Name			Company Telephone		
Company Address					
	owner or designated official, I certifular involvement in the operational a		<u> </u>		
Signature of company off	icial	Name and position of	of company official (please print)		

## 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,
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.

Ap	icant Signature Date		
I hereby declare that to the best of my knowledge, all information I have provided in this form is complete and accurate. I further hereby declare that I have completed the training and testing required for the Broker Certificate.			
Part 5: Declaration			
	Region you service (fill in only if you want this to appear on the public directory):		
	Yes, I would like my name and company made publicly available on the Broker Certificate holders directory at <a href="https://www.nutrientmanagement.ca">www.nutrientmanagement.ca</a> .		
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## **Submit Application to:**

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

Telephone: 1-855-648-1444