

RURAL ACREAGE OWNER RESTRICTED PROGRAM CERTIFICATION

1. Have you previously taken a course through this Lakeland College Pesticide Program online program?

Yes ☐ No ☐

If yes to above, what is your Certificate ID? _____

2. Municipality where I reside

- | | |
|--|---|
| a. Athabasca County <input type="checkbox"/> | h. Parkland County <input type="checkbox"/> |
| b. Camrose County <input type="checkbox"/> | i. Rocky View County <input type="checkbox"/> |
| c. Clearwater County <input type="checkbox"/> | j. Strathcona County <input type="checkbox"/> |
| d. County of Grande Prairie <input type="checkbox"/> | k. Yellowhead County <input type="checkbox"/> |
| e. Lac Ste Anne County <input type="checkbox"/> | l. Wetaskiwin County <input type="checkbox"/> |
| f. MD of Lesser Slave River <input type="checkbox"/> | m. Big Lakes County <input type="checkbox"/> |
| g. MD of Greenview <input type="checkbox"/> | |

3. Legal land description (from tax assessment) _____

4. Acreage Land Information

- a. Total size of acreage in acres: _____
- b. Approximate size of pasture in acreage (acres): _____
- c. Approximate size of turf/grass area (acres): _____
- d. Approximate size of weed infested non-turf areas (acres): _____

NOTE: total of **b + c** must be less than or equal to **a**

5. I confirm that I do not live within the boundaries of a town, village or hamlet or specialized municipality:

Yes ☐ No ☐

6. I confirm that I have had contact with a weed inspector regarding weeds growing in my pasture(s) or non-turf areas: Yes ☐ No ☐

7. Personal Information

<input type="checkbox"/> <input type="checkbox"/>		SURNAME REQUIRED		STUDENT ID#	
M - F					
FULL FIRST NAME REQUIRED			MIDDLE NAME		
BIRTH DATE REQUIRED	MONTH	DAY	YEAR	CONTACT E-MAIL REQUIRED - HOME <input type="checkbox"/>	
APARTMENT NUMBER, BOX NUMBER, STREET REQUIRED				CONTACT E-MAIL REQUIRED - WORK <input type="checkbox"/>	
CITY/TOWN REQUIRED		PROVINCE	POSTAL CODE	HOME <input type="checkbox"/>	CELL PHONE <input type="checkbox"/>

\$75.00 TOTAL \$ PROCESSING FEE (NO GST)	Charge Posted _____	FOR OFFICE USE ONLY <input type="checkbox"/> Sent to applicant by email <input type="checkbox"/> Sent under Separate Cover
	Receipt # _____	

8. Method of Payment to: Lakeland College - Pesticides, 5704 College Drive, Vermilion, AB T9X 1K4

(pesticides@lakelandcollege.ca)

<p>_____ TOTAL \$ PROCESSING (\$75.00) (NO GST)</p>	<p>Charge Posted _____ Receipt # _____</p>	<p>FOR OFFICE USE ONLY</p> <p><input type="checkbox"/> Sent to applicant by email <input type="checkbox"/> Sent under Separate Cover</p>
<p>You can use your VISA or MasterCard, Money Order or Cheque to pay for the fee. Mail or Scan to PDF & email - the completed form along with payment. Fill in this form and make sure to include your account number.</p> <p>Charge to:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> Money Order or <input type="checkbox"/> Cheque (payable to Lakeland College –Pesticides)</p> <p><input type="checkbox"/> MasterCard</p> <p>Card Number: _____ Expiry date: _____ CVV Code: _____</p> <p>Name on Card _____ Signature: _____</p> <p>The personal information requested on this form is collected under the authority of Section 33(c) of the <i>Alberta Freedom of Information and Protection of Privacy Act</i> (FOIP Act) and the <i>Post-Secondary Learning Act</i> and will be protected under the FOIP Act. The information is collected for the purpose of administering Lakeland College programs and processing payments. If you have any questions about the collection and use of this information, please contact the FOIP Coordinator (5707 College Drive, Vermilion AB; 780-853-8524; FOIP@lakelandcollege.ca).</p>		