

Application for IPM Turf Practitioner Examination

*Address all inquiries to the Plant Health Atlantic Administrator
(See bottom of page)*

Section 1 – INFORMATION

Print Clearly in Ink

Name of Applicant: First _____ Last _____

Date of Birth dd/mm/yy: ____ / ____ / _____

Address	City/Town	Province	Telephone ()
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Postal Code	Email:	Cell ()
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I WILL BE WRITING _____ *GOLF IPM EXAM*
_____ *LANDSCAPE OR MUNICIPAL IPM EXAM*

MAIL ME COPIES OF THE STUDY MATERIAL _____

Section 2 – PAYMENT

FIRST TIME Application fee of \$235.00

RENEWAL Application fee of \$200.00

Payment: Make cheque payable to: **Plant Health Atlantic Council**

Do not mail cash.

Section 3

Signature: _____ Date: _____

I certify that the information give on this form is true.

Send to the attention of David McCafferty

Plant Health Atlantic Administrator

P.O. Box 7052,
RPO Brookside Mall
Fredericton NB E3A 0Y7

Ph: 506 449-1531

Fax: 506 451-6202

Email: planthealthatlantic@gmail.com