

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 ()
Postal Code	Email:			Cell ()

I WILL BE WRITING GOLF IPM EXAM LANDSCAPE IPM EXAM

Section 2 – PAYMENT

Application fee of \$235.00

Payment: Make cheque payable to: **Plant Health Atlantic**
Do not mail cash.

Section 3

Signature: _____ Date: _____
I certify that the information give on this form is true.

Send to: Ken Browne

Plant Health Atlantic Administrator
661 Route 8 Hwy, Taymouth NB E6C 2C8
Ph: 506 458-5365 Fax: 506 472-4739 Cell 506 461-8662
Email: atlisnb2003@yahoo.com

Office use only
Date Received _____ Payment _____
Date examination written _____