



**Certified IPM Turf Practitioner**  
**Exam Application Form**  
*(PLEASE PRINT CLEARLY)*

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_  
dd /mm / yyyy

Civic Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email : \_\_\_\_\_

Company Name: \_\_\_\_\_ Location \_\_\_\_\_

Send completed form and payment to:

*Ken Browne, PHA Administrator, 661 Route 8, Taymouth NB, E6C 2C8*

Exam fee of \$235.00 (Plus HST) is payable in advance to **Atlantic Information Services**

For more information contact Ken Browne at

[atlisnb2003@yahoo.com](mailto:atlisnb2003@yahoo.com)

Phone (506) 458-5365

Fax: (506) 472-4739