

## Registration for 2024 Commercial Manure Applicator

<https://assiniboine.net/programs/commercial-manure-applicator>

STUDENT INFORMATION (fields marked with * are required)					
Social Insurance # (SIN) *		Student Number (if you have attended ACC before)		Gender (M or F) M <input type="checkbox"/> F <input type="checkbox"/>	
Last Name *		First Name *	Middle Initial *	Birth date (yyyy/mm/dd) *	
Home Mailing Address *			City *		Postal Code *
Home / Cell Phone *		Business Phone	PERSONAL Email*		

**ONLINE MANUAL, COURSE WORK & EXAM**  
**REGISTRATION CLOSES: WEDNESDAY, JANUARY 3<sup>RD</sup>, 2024 - This deadline is to ensure NEWLY REVISED study material is received before the course date. Select a course below:**

	Course Code	Name	Course Start Date	Exam Date	Fee
<input type="checkbox"/>	AGRC-0999 & AGRC-0209	Liquid Manure Applicator	January 15 <sup>th</sup> , 2024	Feb 9 <sup>th</sup> , 2024; 9 a.m. - 12 p.m.	\$400.00
<input type="checkbox"/>	AGRC-0999 & AGRC-0210	Solid Manure Applicator	January 15 <sup>th</sup> , 2024	Feb 9 <sup>th</sup> , 2024; 9 a.m. - 12 p.m.	\$400.00
<input type="checkbox"/>	AGRC-0999 & AGRC-0218	Solid/Liquid Manure Applicator	January 15 <sup>th</sup> , 2024	Feb 9 <sup>th</sup> , 2024; 9 a.m. - 12 p.m.	\$400.00

If you have questions regarding this course, please contact Angela Pearen at 204-725-8700 or 1-800-862-6307 Ext 6392;  
[pearena@assiniboine.net](mailto:pearena@assiniboine.net)

**DECLARATION**

**I understand the grade I receive on my exam may be disclosed confidentially with my sponsor and Manitoba Agriculture's Licensing Agent.**

I declare that I have read and understood the information on this registration, including the Notice Regarding Collection, Use and Disclosure of Personal Information and that all statements made with respect to this registration are true and complete. I understand that misrepresentation, falsification of documents or the withholding of requested information with respect to this application could result in cancellation of the registration or dismissal from the college. I accept that any information on falsified documents may be shared with the Association of Registrars of the Universities and Colleges of Canada. I agree to comply with the regulations of Assiniboine Community College.

**By checking this box, I agree to the "Declaration" terms**

PAYMENT OPTIONS <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque/Money Order (payable to Assiniboine Community College)			
Card #		Expiry Date	Cardholder Phone #
Card Holder Name		Card Holder Signature	
<input type="checkbox"/> <b>Company Invoicing</b> <input type="checkbox"/> <b>Sponsorship authorization gives the college permission to invoice/provide receipt in the Company name for the above-named student. Before final grade reports can be released, payment must be received from the Sponsor. Sponsors, please note: if you do not complete the sponsorship section the receipt will be made in the student's name and mailed directly to the student.</b>			
Company Name		Telephone	
Company Address		City	Province
Contact Name		Postal Code	
		Email	

**PLEASE** return the completed form to [agextension@assiniboine.net](mailto:agextension@assiniboine.net) or mail to the address above.