Confirmation of Outlet Representative (General Vendor/Dispenser) Certification

INSTRUCTIONS:
This Form is to be completed by the Out-Of-Province Regulatory Authority ("Authority")
A copy of this form should be provided by the applicant to the Authority. In the alternative, the information required as set out in the form may be provided by the Authority in a letter on official letterhead.

An applicant applying for an outlet representative certificate (for a general vendor licence) in the province of Ontario that has an existing certificate for the same occupation in another province or territory, requires written confirmation from the issuing province or territory that:

1. The provincial or territorial regulatory authority has issued an authorizing certificate for the occupation;
2. The identity of and certificate held by the applicant or outlet representative are valid, including:
   - certificate number
   - confirmation that the certificate has not expired, or been cancelled or revoked;
3. The outlet representative study materials in the issuing province or territory meet the Basic Knowledge Requirements for Pesticide Education in Canada Vendor/Dispenser Core, and
4. The accompanying copy of the certificate is a true copy.

REQUIRED INFORMATION

1. Issuing Province or Territory Information

Ministry/Agency Name		
Unit/Number	Address *(street number & name, rural route, general delivery or PO Box)*	
City	Province/Territory	Country
Postal Code	Telephone Number *(with area code & extension)*	Fax Number *(optional)*

2. Applicant Information

First Name	Middle Initial	Last Name

General Vendor/Dispenser/Outlet Representative Occupation				Certificate Validity	Exam
Nationally recognized type:		Existing certificate number	Home Province/Territory Occupation Name	Has the certificate expired, or been cancelled or revoked?	Date of exam and passing grade
☐	Outlet Representative			☐ No	**Date:** mm/dd/yyyy
Please provide details if the certificate is expired or has been cancelled or revoked.					**Grade:** percent

3. Confirmation by Authorized Representative

- I, the undersigned hereby declare that, to the best of my knowledge the information contained herein, including the information attached to this form is complete and accurate in every way according to my records.

Signature:	Date (*mm/ dd /yyyy*)
Print Name: Position:	