



Technician Required Information

Please return this completed Technician Information form to the PIC within 5 days of completing the exam process.

..... DATE

..... NEW

..... RENEWAL

Technician Last Name:

First Name:

Birth date: m d y (must be 16 years of age) Paid yes no

PIC Assigned Technician Number: PIC -

Home Address:

City/Town: Prov Postal:

Home Phone: (.....) Fax Number:

Technician's Business Address if different than either the Academic Address or Practical Address

Business Name:

Business Address:

City/Town: Prov Postal:

Business Phone Number: Business Fax

E-mail:

Date passed Academic: m d y

Grade: %

Number of attempts to pass the Academic Exam

Examiner name: (print)

MOE Licensed Exterminator #:

PIC Examiner Accreditation Number: PIC-E-

I hereby acknowledge that the candidate named has successfully passed the Academic Exam.

Signature: _____

The practical date must fall within 30 days of the Academic date or the card is null and void.

Date passed Practical: m d y

Licensed Exterminator name: (print)

MOE Licensed Exterminator number

Submit Business Address if address is different than the Academic Address

Send/respond to:

905-875-3686 PIC fax

905-875-3942 fax

pic@landscapeontario.com

Pesticide Industry Council

c/o Landscape Ontario

7856 5th Line South

KEEP A COPY!

www.ptppic.org
Milton, ON L9T 2X8

electronic submission