



Technician Record Form

Pesticide Technician Program

Pesticide Industry Council

c/o Landscape Ontario
7856 Fifth Line South
Milton, ON L9T 2X8

pic@landscapeontario.com

www.ptppic.com

www.ptppic.org website registration

800-265-5656
905-875-1805

905-875-3686 fax
905-875-3942 fax

Date:

Accredited Examiner Information

Last Name: First Name:

PIC Examiner Accreditation Number: PIC-E-

Company/Consignee:

Address:

City/Town: Prov Postal:

Business Phone Number: Fax Number:

MOE Licensed Exterminator #:

E-mail:

Technician Information:

I hereby acknowledge that the following candidates have passed the Academic Component:

Signature:

Note: include business information for each Technician if different than above

The Technician Information form must be returned within 5 days of completing

905-875-3686 PIC fax

905-875-3942 back up fax

Accredited Examiner

Last Name:

First Name:

Technician Information:

..... **New**

..... **Renewal**

1. Last Name: **First Name:**

Address:

City/Town: Postal:

Home Number: Fax Number:

Business/Consignee:

Address:

City/Town:..... Prov. Postal:

Business Number: E-mail:

Birth date: (m/d/yr)

PIC Assigned Number: **PIC-**

Date passed Academic: (m/d/yr) **Grade:** %

Examiner name:

MOE Licensed Exterminator #:

PIC Examiner Accreditation Number: PIC-E-

Number of attempts to pass the Academic Exam

Date passed Practical: (m/d/yr)

Licensed Exterminator name:

MOE Licensed Exterminator #:

Technician Status Expiry date:

Technician Information:

..... **New**

..... **Renewal**

2. Last Name: **First Name:**

Address:

City/Town: Postal:

Home Number: Fax Number:

Business/Consignee:

Address:

City/Town: Prov Postal:

Business Number: E-mail:

Birth date: (m/d/yr)

PIC Assigned Number: **PIC-**

Date Registered: (m/d/yr)

Date passed Academic: (m/d/yr) **Grade:** %

Examiner name:

Licensed Exterminator #:

PIC Examiner Accreditation Number: PIC-E-

Number of attempts to pass the Academic Exam

Date passed Practical: (m/d/yr)

Licensed Exterminator name:

MOE Licensed Exterminator #:

Technician Status Expiry date:

Technician Information:

..... **New**

..... **Renewal**

Last Name: **First Name:**

Address:

City/Town: Postal:

Home Number: Fax Number:

Business/Consignee:

Address:

City/Town: Prov. Postal:

Business Number: E-mail:

Birth date: (m/d/yr)

PIC Assigned Number: **PIC-**

Date passed Academic: (m/d/yr) **Grade:** %

Examiner name:

MOE Licensed Exterminator #:

PIC Examiner Accreditation Number: PIC-E-

Number of attempts to pass the Academic Exam

Date passed Practical: (m/d/yr)

Licensed Exterminator name:

Licensed Exterminator #:

Technician Status Expiry date: