



# 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 # .....

*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

www.ptpic.org electronic submission

Pesticide Industry Council

c/o Landscape Ontario

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Milton, ON L9T 2X8

KEEP A COPY!

Jan 2009