

## **Information on the exam**

### **Use of Pesticides – Application for the Control of Stinging Insects**

**(EXAMSIP-01A — Duration: 2 hours)**

**Given the situation of COVID, examination reservations can not be made in educational institutions.**

You will find attached the **Examination Registration** Form to register for an online examination.

The registration fees for this test are \$200 plus applicable taxes. These fees can be paid by credit card, cheque, or money order.

Please complete and return this form with your payment to the following email address:  
info@sofad.qc.ca

#### **Important:**

To prepare properly, it is important for you to study the following documents. You can download these documents at [cours1.sofad.qc.ca/ressources/fichiers\\_pesticides.html](http://cours1.sofad.qc.ca/ressources/fichiers_pesticides.html).

- Le *Bacillus thuringiensis israelensis* et le contrôle des insectes piqueurs au Québec;
- Questions posées par le ministère de l'Environnement à l'Agence de réglementation de la lutte antiparasitaire (ARLA) à propos du B.T.I. (*Bacillus thuringiensis* var. *israelensis*) et des impacts de ces traitements contre les insectes piqueurs, et réponses reçues;
- Avis de santé publique sur l'utilisation du pesticide biologique *Bacillus thuringiensis* en milieu forestier, agricole et urbain.
- You also have to look on the web page *Le Ministère et les insectes piqueurs* at: [cours1.sofad.qc.ca/ressources/fichiers\\_pesticides.html](http://cours1.sofad.qc.ca/ressources/fichiers_pesticides.html).

#### Customer Services

Note: the fees indicated in this document may be changed at any time. For the latest information concerning these fees, please visit our website at: [www.sofad.qc.ca](http://www.sofad.qc.ca).

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## Registration Form

To complete this form on your computer you must first download it. Alternately, you may print the form, fill it out, and send it by email attachment, fax, or by letter mail. The contact information is found at the bottom of this form.

### Personal information (please print)

I already have a SOFAD file number:

day month year M W

Date of birth Sex

Last name First name

Number Street Apt. No. or P.O. Box

City

Province Postal code

Québec Other :

Home telephone No. Telephone No. at work Email

Area code Number Area code Number

### Registration for an examination or a course (includes the examination)

Please indicate the examinations or courses for which you wish to register.

Exam	Course	Examination or course title	Price
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Note: As soon as SOFAD receives payment for an examination or a course, it is authorized to transmit the information in this form and the results of the examination to the Ministère de l'Environnement et de la Lutte contre les changements climatiques.

### Method of payment

→ Credit card: Visa MasterCard month year

No: Expiration date:

You can also send this form making sure to enclose, if appropriate, a cheque or money order.

→ Attached: money order cheque Payable to SOFAD

Sub-total

GST  
No: 141227892 RT

PST  
No: 1018814907

**Total cost**

A receipt will be issued.

**Note: Fees associated with courses, course materials, and examinations are not refundable.**

Once you have duly completed this form, please send it to the address noted below or by email or fax.

### Customer Service SOFAD

2100 de Maisonneuve Blvd E, Suite 200, Montreal (Quebec) H2K 4S1  
Telephone No.: 514 529-2800 or 1 866 840-9346 – Fax No.: 514 529-4788  
Email: [info@sofad.qc.ca](mailto:info@sofad.qc.ca)

I confirm that the information provided above is proof of my examination and/or course registration with SOFAD.