



RENEWAL NOTICE

2017-2018 PROVINCIAL CERTIFICATION



PAYMENT IS DUE NOW TO MAINTAIN YOUR PROVINCIAL CERTIFICATION

- Return by mail with payment to
Manitoba Ozone Protection Industry Association
1082 Main Street, Winnipeg, MB R2W 5J3
- Renew by phone: (204) 338.2222 or 1.888.667.4203
- Return form by fax: 204.338.0810

Any person installing, servicing (purchasing) or repairing equipment (i.e. A/C, refrigeration, fire suppression, etc.) that contains a regulated substance, including a refrigerant or halon, as specified under the Manitoba Ozone Depleting Substances and Other Halocarbons 103/94, must maintain valid certification, as recognized by the Minister of Conservation and Water Stewardship. Your certificate is renewable annually. The Certificate is not a trade license. It is certification on environmental and ODS/halocarbon regulation awareness.

Date Sent In / Paid : _____ Amount Paid: _____

Complete the following form and forward with payment to MOPIA, either in person, by mail, via scan/email, fax or by phone. New wallet certification cards will be sent out upon receipt of payment. MOPIA maintains a database and may verify if you have complied by submitting refrigerant or halon use records for the 2016 calendar year.

YOU MAY RETAIN THIS TOP PORTION OF THIS RENEWAL FORM FOR YOUR RECORDS

Name: _____ Certification #: _____

Employer: _____ Ph #: _____ Email: _____

OPTIONS	2017-18 PROVINCIAL CERTIFICATION (June 1, 2017 – May 31, 2018)	FEE	\$25.00
	<input type="checkbox"/> RENEW FOR A SECOND YEAR (extend Certification to May 31, 2019)	ADD \$25.00	_____
	NEW With your certification, you are entitled to a free subscription to MOPIA's world renowned monthly bulletin, and other key communications.		
	<input type="checkbox"/> YES, I'll accept MOPIA's free email subscription (i.e. bulletin, records, renewals) EMAIL:		_____
	<input type="checkbox"/> MAIL I don't have email. Please mail them directly to me.	ADD \$15.00	_____
<input type="checkbox"/> MOPIA STEWARD (VOTING) MEMBERSHIP (June 1, 2017 – May 31, 2018) (includes all email subscription benefits above plus MOPIA voting privileges)	ADD \$20.00	_____	
	TOTAL PAYMENT		_____

Please Indicate Your Employment Sector:

Ag Auto Residential A/C Comm/Industrial Refrigeration Reefer Halon Other _____

DECLARATION

I have submitted to MOPIA (or have now enclosed) my complete ODS use records for the period January 1, 2016 – December 31, 2016. (Note: If you have not worked with or used any ODS during 2016 you may become re-certified but you must indicate in writing to MOPIA that you did not perform any work or use any ODS – check box below) Record forms are available on our website at mopia.ca. I declare that the information completed on this renewal form is accurate and I shall comply with all aspects of the Manitoba ODS Act and Regulation and any amendments, as part of my provincial certification.

Your Signature: X _____

Check this box, if you are declaring no ODS usage for the period of January 1, 2016 to December 31, 2016.

Privacy Statement / Declaration: We are committed to safeguarding the privacy of personal information that you provide. MOPIA does not release personal information to third parties; however, from time to time, information may be provided to Manitoba Conservation and Water Stewardship, Apprenticeship Manitoba, Labour and Immigration (Workplace Safety) for enforcement and/or statistical purposes. You grant MOPIA the authority to maintain your information in electronic and physical form. By having a subscription or membership with MOPIA, your information will be used to provide you with information and/or materials on a periodic basis. You must notify us in writing at any time to discontinue circulation of information and/or materials.

Please make cheques payable to: **MOPIA**

Name: _____

Address: _____ City: _____

P.Code: _____ e-mail: _____

Phone: _____ Fax: _____

PAYMENT OPTIONS INCLUDE:

Cheque / Money Order Debit / Cash
(Payable to MOPIA) (in person at 1082 Main St., Winnipeg)

VISA OR **BY MAIL, FAX OR PHONE-IN**

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____