



RENEWAL NOTICE (BY PHONE, MAIL, ON-LINE, FAX)

2020-2021 PROVINCIAL CERTIFICATION

PAYMENT IS DUE NOW TO MAINTAIN YOUR PROVINCIAL CERTIFICATION

MOPIA is working as a safe workspace in response to Covid-19. In-person renewals are permitted but may be more time-consuming.

- 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 Sustainable Development. 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 2019 calendar year.

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

Name: _____ Certification #: _____

Employer: _____ Ph #: _____ Email: _____

RENEWAL & OPT-IN

- 2020-21 PROVINCIAL CERTIFICATION** (Fee for period June 1, 2020 – May 31, 2021) **\$25.00**
- RENEW FOR A SECOND YEAR** (Extend Certification from June 1, 2021 to May 31, 2022) **ADD \$25.00** _____
- MOPIA STEWARD (VOTING) MEMBERSHIP** (June 1, 2020 – May 31, 2021)
(includes MOPIA voting privileges and all email subscription benefits as noted below) **ADD \$20.00** _____
- TOTAL PAYMENT** _____

NEW → MOPIA plans a move to a “reduced paper” environment. Functions like data entry and next year’s renewal process will largely be done on-line at mopia.ca Please reduce your environmental footprint and provide your email below.

I agree to future paperless renewal forms and communications, including monthly bulletins, record forms, and outreach/awareness notifications.

MY EMAIL: _____

DECLARATION

I have submitted to MOPIA (or have now enclosed) my complete ODS use records for the period January 1, 2019 – December 31, 2019. (Note: If you have not worked with or used any ODS during 2019 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, 2019 to December 31, 2020.

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 Sustainable Development, 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 cheque payable to: **MOPIA**

Name: _____

Address: _____ City: _____

P.Code: _____ e-mail: _____

Phone: _____ Fax: _____

PAYMENT OPTIONS INCLUDE:

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

VISA OR BY MAIL, FAX OR PHONE-IN

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____