



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

2025-2026 PROVINCIAL CERTIFICATION

PAYMENT IS DUE NOW TO MAINTAIN YOUR PROVINCIAL CERTIFICATION

RENEW ONLINE AT MOPIA.CA
(have Certification card # ready)

- or -

Use this form to renew by
PHONE, MAIL, FAX or IN PERSON

- Return by mail with payment to
Manitoba Ozone Protection Industry Association
845 Henderson Highway, Winnipeg, MB R2K 2L4
- 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 Environment, Climate and Parks. 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 2023 calendar year.

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

Name: _____ Certification #: _____

Employer: _____ Ph #: _____ Email: _____

RENEWAL & OPT-IN

- ☒ **2025-26 PROVINCIAL CERTIFICATION** (Fee for period June 1, 2025 – May 31, 2026) **\$25.00**
- ☐ **MOPIA STEWARD (VOTING) MEMBERSHIP (OPTIONAL)** (June 1, 2025 – May 31, 2026) **ADD \$20.00** _____
(includes MOPIA voting privileges and all email subscription benefits as noted below)

TOTAL PAYMENT _____

F.Y.I. → 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, 2024 – December 31, 2024. (Note: If you have not worked with or used any ODS during 2024 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, 2024 to December 31, 2024

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 Environment, Climate and Parks, 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:

- ☐ Online at mopia.ca ☐ Debit / Cash
(at 845 Henderson Highway, Winnipeg)

- ☐ Cheque / Money Order
(Payable to MOPIA) BY MAIL, FAX OR PHONE-IN

☐ **VISA** OR ☐

Card Number _____

Expiry Date _____ Name on Card _____

Signature _____