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| A – YOUR INFORMATION | | | |
| FAMILY NAME | | FIRST NAME | MIDDLE NAME |
| TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____ | | DATE OF BIRTH | |
| ADDRESS | | ARE OR WERE YOU AN NSAC STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| CITY | | TELEPHONE | |
| PROVINCE/STATE | POSTAL /ZIP CODE | E-MAIL ADDRESS | |
| DO YOU HAVE A VALID CLASS 8 DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| DO YOU HAVE AT LEAST 10 HOURS TRACTOR DRIVING EXPERIENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| B – WORKSHOP SELECTION | | | |
| <input checked="" type="checkbox"/> | Nova Scotia Tractor Safety Certification Program | TUITION | |
| <input type="checkbox"/> | Nova Scotia Agricultural College, Truro | \$225.00 | |
| | | | |
| | TOTAL | _____ | |
| B – PAYMENT OPTIONS | | | |
| Please send the tuition payment with your application. | | | |
| <input type="checkbox"/> Cheque <input type="checkbox"/> Money order | | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard | |
| Payable to NSAC Centre for Continuing & Distance Education Nova Scotia Agricultural College PO Box 550 Truro NS B2N 5E3 Fax: (902) 895-5528 | | CARD NUMBER | EXPIRY DATE |
| | | NAME ON CARD | |
| | | SIGNATURE | |
| | | DATE | |
| <input type="checkbox"/> Sponsorship – Invoice the following Company / Agency | | | |
| COMPANY / AGENCY | | | |
| CONTACT | | CONTACT TITLE | |
| ADDRESS | | AUTHORIZED SIGNATURE | |
| CITY | | TELEPHONE | |
| PROVINCE/STATE | POSTAL /ZIP CODE | EMAIL ADDRESS | |
| <i>The information that you provide on this form is confidential and is for the university's internal use. Your information will not be disclosed to third parties except in compliance with the Nova Scotia Freedom of Information and Protection of Privacy Act or as otherwise required by law.</i> | | | |