

## 2008 CERTIFICATION RENEWAL FORM

In order that we may keep your personal records as up to date as possible, please take a few minutes to complete ALL sections of this form and mail it in along with your cheque or credit card number if you personally pay your dues or submit it to your employer to accompany their cheque. Alternatively, you can go on-line (<http://www.eocp.org/>) and the information we have on-file will be provided in the form. Please include the 5% GST with payment. 2008 Annual Dues are \$50.00 + GST = \$52.50 Total.

Mr./Ms. \_\_\_\_\_ Certification No. \_\_\_\_\_ Certificates Held \_\_\_\_\_  
(First Name, Middle Initial, Last Name) (List all certificates held)

Home Address \_\_\_\_\_ City: \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Currently: Self Employed  Unemployed   
 Employed  Retired

If employed, please complete employer information and table below.

Principal Employer: \_\_\_\_\_ Employer Mailing Address: Dept. \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Street \_\_\_\_\_

Certificate *	% of Time **	Job Title	Facility Number	Facility Name	Facility Owner

Please complete the information above for EACH certificate you hold and EACH facility in which you work. The information is necessary in order to provide proper output when you or anyone else uses the new EOCP search function. If there are not enough lines above, please use the back of the form.

Enter below the amount enclosed. For the year ending Dec 31, 2008 \$50.00 Late fee (after 3/31/08) \$10.00 _____ Reinstatement Fees 2007 \$55.00 _____ 2006 \$55.00 _____ 2005 \$45.00 _____ <b>PLUS 5% GST</b> _____ <b>TOTAL PAID</b> _____	GST No. 89383 7971 RT0001 Visa or M/C #: _____ Name: _____ Expiry Date: _____ NOTE: IF ANNUAL DUES ARE IN ARREARS FOR 3 YEARS, YOUR CERTIFICATION WILL LAPSE	<div style="border: 1px solid black; padding: 5px;"> <p><b>EOCP Office Use only</b></p> <p>Date received: _____</p> <p>Date entered: _____</p> </div>
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Mail completed form and cheque or money order to: **ENVIRONMENTAL OPERATORS CERTIFICATION PROGRAM**  
 201 - 3833 Henning Drive, Burnaby, B.C. V5C 6N5  
 Ph : (604) 874-4784 Toll Free 1-866-552-EOCP(3627) Fax: (604) 874-4794 E-mail: [eocp@eocp.org](mailto:eocp@eocp.org)

\* List each active certificate    \*\* Indicate percentage of your work time using each certificate or at each facility (Do not include CH)