

If you fax this form, no other cover sheet is needed. Fax to (703) 736-9668.  
Documentation does not have to be sent in, but points noted on renewal forms are subject to verification.

# CERTIFICATION RENEWAL

<b>For Office Use Only</b>
ID _____
Earned _____
Due _____

Name \_\_\_\_\_ Designation \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail address \_\_\_\_\_ Phone \_\_\_\_\_  
Charge my \$25.00 renewal fee to:  VISA  MasterCard  AMEX  Discover  \$25 reactivation fee (if required)  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Credit card billing address (if different from above) \_\_\_\_\_

During the calendar year your certification is earned, no renewal is required.  
During the following 2 calendar years, no points required. Complete top of form only and return with payment by 12/31 each year.  
Every year after, education points are required with payment by 12/31.

**Indicate Education/Service Points earned this year and mail or fax to PLANET.**  
**CLP - 3 Education Points OR 2 Education + 1 Service Point**  
**CLT - 2 Education Points OR 1 Education + 1 Service Point**

## EDUCATION

<b>PLANET or state landscape association conference</b>	2 points	<input type="checkbox"/>
<b>Other industry related association conference</b>	2 points	<input type="checkbox"/>
Association Name/Event Date/Event Name _____		
<b>College course work</b>	2 points	<input type="checkbox"/>
School Name/Course Title/Date Completed _____		
<b>Earned additional CLT module or other industry-related certification</b>	2 points	<input type="checkbox"/>
Certification Earned/Sponsor Association/Date _____		
<b>Other organized training</b>	2 points	<input type="checkbox"/>
Date/Description _____		
<b>Pesticide license or similar training completed</b>	1 point	<input type="checkbox"/>
State Where Licensed/License or Certificate Held _____		
<b>Presenting/Instructing</b>	1 point	<input type="checkbox"/>
Date/Subject/Audience _____		
<b>Other approved continuing education</b>	1 point	<input type="checkbox"/>
Date/Description _____		

## SERVICE AREAS

<b>CLT-Exterior Exam Judge or ILTC Observer</b>	1 point	<input type="checkbox"/>
Test Date/Location _____		
<b>Other industry service</b>	1 point	<input type="checkbox"/>
Association/Activity _____		