

Application for Landscape Industry Certification in Idaho

National Association of Landscape Professionals (NALP) Certification Program

(Please Print Clearly or Type) A separate application is required for **each** test applicant. You may photocopy this form. Payment for multiple applicants from same firm can be combined.

Applicant Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____

Email: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Please send correspondence to me at: Home Work

Do you need the test in Spanish? Yes

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(Application Deadline: September 14, 2018)

To become Landscape Industry Certified nationally an applicant must pass one designation. Additional designations can be taken at future test dates.

Please select the one test designation you will be taking:

- | | | |
|--|--|--|
| <input type="checkbox"/> Softscape Installation Module | <input type="checkbox"/> \$250 Members | <input type="checkbox"/> \$350 Non-members |
| <input type="checkbox"/> Hardscape Installation Module | <input type="checkbox"/> \$250 Members | <input type="checkbox"/> \$350 Non-members |
| <input type="checkbox"/> Irrigation Module | <input type="checkbox"/> \$250 Members | <input type="checkbox"/> \$350 Non-members |
| <input type="checkbox"/> Turf Maintenance Module | <input type="checkbox"/> \$250 Members | <input type="checkbox"/> \$350 Non-members |
| <input type="checkbox"/> Ornamental Maintenance Module | <input type="checkbox"/> \$250 Members | <input type="checkbox"/> \$350 Non-members |
| <input type="checkbox"/> Retakes – fill in here ones needed: _____ | <input type="checkbox"/> \$45.00 | |

T-Shirt Size Medium Large X-Large XX-Large Other _____

Questions: Call Ann Bates at (208) 681-4769

Refunds: Full refunds, less 10%, will be available only when written request is received at least 30 days prior to test.

Please complete application form and mail, along with your payment to:

INLA-CLT, P.O. Box 2065, Idaho Falls, ID 83403 or fax to (208) 529-0832 with credit card info

Payment MUST Be Received with Application: Check # _____

Credit Card Number: _____ **Expiration Date:** _____