APPLICATION FOR CERTIFICATION under the Grandfathering Provision



Canadian Nursery Landscape Association 7856 Fifth Line S., Milton, ON L9T 2X8 P: 888-446-3499 F: 905-875-1840 E: cld@canadanursery.com http://certifiedlandscapedesigner.com



A. APPLICANT INFORMATION NAME:

RESIDENCE ADDRESS:		
CITY/PROV:		
PHONE:		POSTAL:
EMAIL:	CELLPHONE:	
EMPLOYER:		
EMPLOYER ADDRESS:		
CITY/PROV:		
BUSINESS PHONE:		POSTAL:
Name of all professional associatio		
·		
3	4	
B. EDUCATION INSTITUTION 1.		EE/DIPLOMA
2.		
3		
C. EXPERIENCE (Last 12 years)		
DATE	EMPLOYER/SUPERVISOR	NATURE OF WORK
1		
3		

Fax to 1-905-875-1840



D. THREE RELEVANT RESIDENTIAL OR COMMERCIAL PROJECTS FOR DISCUSSION WITH THE REVIEW BOARD

1. 2. 3. E. OTHER PERTINENT INFORMATION RELEVANT TO THIS APPLICATION (Attach additionalpage)
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F. SPONSORS
NAME ADDRESS TELEPHONE EMAIL
1
2
G. FEE (Application processed when paymentreceived)
CNLA Member: p \$325 plus GST/HST Subtotal:
Non-Member: p \$425 plus GST/HST GST/HST:
PAYMENT: Total Amount:
Cheque (enclosed) payable to CNLA Credit Card - VISA or MC only (below)
Credit Card Number: Expiry Date: CVV:
Cardholder Name:Address (for credit card):
City:Province:Postal Code:Signature:
DO NOT WRITE BELOW THIS LINE
To be completed by Review Board
A. APPLICANT INFORMATION Comments:
B. EDUCATION Comments:
C. EXPERIENCE
D. RELEVANT PROJECTS FOR DISCUSSION
E. OTHER PERTINENT INFORMATION Comments:
F. SPONSORSHIP (sponsorship letters attached)
RESULT OF APPLICATION CERTIFICATION GRANTED (circle) YES NO
Comments: