

CLD Applicant Information:

Name:		
Company:		
Sponsor Contact Information:		
Name:		
Company Name and Title:		
Sponsor Designations/Qualifications:		
Address:		
City:	Province:	
Phone:		
Email:		
Relation to applicant:		

Agreement:

I,______(sponsor's name), can attest to the best of my knowledge, that the design skills and body of work of the Certified Landscape Designer (CLD) grandfathering applicant, ______ (applicant's name), are accurate according to the specifications of the Landscape Industry Certified program. I give my permission for a representative of the Canadian Nursery Landscape Association (CNLA) to contact me to confirm the details of my relationship to the applicant and their skills as a landscape designer.

Signature

Date