

Certified Landscape Horticulture Technician Exam Registration Form

Candidate Information						
First Name:	Last Name:					
Home Address:						
City:	Prov:	Postal Code:				
Email:						
Phone Number:						
	Employer Informa	ation				
Company Name:						
Address:						
City:	Prov:	Postal Code:				
Email:						
Phone Number:	Fax:					
Provincial Association Member?	Yes No					
Please send correspondence to my:	Work Home					
Sign here if you authorize your employer	to have access to yo	our scores:				
Please Indicate your green industry ex	perience (for data	a collection only)				
1 year 2-5 years	5-10 years	10 years+				
Information	to Associate with C	online Test Account				
Email address:						
Postal Code:						
Indicate if you require modified testing accommodations for written testing. All requests must be supported by a medical, social or educational institution requisition at time of registration.		*Cancellation Policy: Candidates have 30 days from registration date to cancel their exam. Note: A 15% non-refunable fee will apply upon cancellation				
Manita	SBA landscape nl.co	HORTROLITURAL TIMOES ASSOCIATION Indiscription of the second for				



For more information, visit: www.cnlagetcertified.ca



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Please Regist	er for the module(s) yc	ou want to challeng	e:	
Installation Modules	Maint	Maintenance Modules		
Hardscape Installation	n	Turf Maintenance		
Softscape Installation	lation Ornamental Mainte		tenance	Irrigation
Test Registration Fees:	Member	Non-Member		
New module registration	\$300 \$400	\$500	\$	
*Retest without Valid-8 subscription	\$200	\$200	\$	
**Onsite test registration	\$50	\$50	\$	
***Onsite test registration late fee	\$50	\$50	\$	
****Retest written section only	\$150	\$150	\$	
\$37.50 S&H per manual *5% tax on manuals	:\$110* Non-Membe tenance Inst	Subtotal B	\$\$	
	Select Test Date and P			
Select the province you wish to ch				
BC AB	MB ON	ON ARCC (NS, NB, PE, NL		
Manager La contribution at the FO(there		Subtotal A	\$	
Manuals subject to 5% tax		Subtotal B	\$	
Exam registration, S&H subject to Pi	ov. taxes	S&H	\$	
		GST/HST Total	\$ ¢	
PAYMENT: payments must accom card; no invoices will be issued.	pany registration; pr	Total ovide address ass	\$ sociated wi	ith credit
Visa Master	Card	Cheque (payable to CNLA)		
Card #:		Exp Date: /	(CVV:
Name on Card:				
Address:	City:		Prov:	
Signature:	,			