



Certified Landscape Designer Grandfathering Registration

Candidate Information		
First Name:	Last Name:	
Home Address:		
City:	Prov:	Postal Code:
Email (enter address for online tests):		
Phone Number:		

Employer Information		
Company Name:		
Address:		
City:	Prov:	Postal Code:
Email:		
Phone Number:	Fax:	
Provincial Association Member?	Yes	No
Sign here if you authorize your employer to have access to your scores:		
Experience/Education: 12 or more years of education and work experience in landscape design.		

EDUCATION

Institution(s)	Degree/Diploma
1. _____	_____
2. _____	_____
3. _____	_____

EXPERIENCE (last 12 years)

Period	Name of Employer/Supervisor	Nature of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____

Exam Fees:	CNLA Member: \$325 plus GST/HST	Non-Member: \$425 plus GST/HST
Sub-total: \$	GST/HST: \$	Total: \$

PAYMENT: Payments must accompany registration Provide address associated with credit card No invoices will be issued *Debit cards not accepted.		
Name on credit card:		
Visa	Master Card	Cheque (payable to CNLA)
Card #:	CVV:	Exp Date: /
Address:		
City:	Prov:	Postal Code:
Email:		
Signature:		

***Cancellation Policy: Candidates have 30 days from the registration date to cancel their exam.
Note: A 15% non-refundable fee will be applied upon cancellation**

LIST CURRENT PROFESSIONAL ASSOCIATION MEMBERSHIPS

1. _____	3. _____
2. _____	4. _____

SPONSORS

Name	Telephone	Email Address
1. _____	_____	_____
2. _____	_____	_____

LIST THREE RELEVANT RESIDENTIAL OR COMMERCIAL LANDSCAPE DESIGN PROJECTS YOU WILL SUBMIT FOR REVIEW

1. _____
2. _____
3. _____

SPONSORS

Name	Telephone	Email Address
1. _____	_____	_____
2. _____	_____	_____

PROVIDE OTHER PERTINENT INFORMATION RELEVANT TO YOUR APPLICATION [attach additional page(s) as needed]



Submit completed forms to: Canadian Nursery Landscape Association
7856 Fifth Line S., Milton, ON L9T 2X8 F: 905-875-1840 P: 647-724-8650 | E: certification@cnila-acpp.ca
For more information visit www.cnlagetcertified.ca