

## 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<br>for written testing. All requests must be supported by a<br>medical, social or educational institution requisition at<br>time of registration. |                      | *Cancellation Policy: Candidates have 30<br>days from registration date to cancel their<br>exam.<br>Note: A 15% non-refunable fee will apply<br>upon cancellation   |  |  |  |  |
| Manita  | SBA landscape nl.co  | HORTROLITURAL TIMOES ASSOCIATION<br>Indiscription of the second for |  |  |  |  |



For more information, visit: www.cnlagetcertified.ca



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| Please Register   | for the module(s) yo   | ou want to challe                       | enge:          |                  |  |  |
|---|------------------------|---|----------------|------------------|--|--|
| Installation Modules  | Mainto                 | Maintenance Modules<br>Turf Maintenance |                | Other<br>Modules |  |  |
| Hardscape Installation  |                        |   |                |                  |  |  |
| Softscape Installation  |                        | Ornamental Main                         |                | Irrigation       |  |  |
| Test Registration Fees:   | Member                 | Non-Member                              |                |                  |  |  |
| New module registration   | \$300 <del>\$400</del> | \$500                                   | \$             |                  |  |  |
| *Extend online test access for 1 year   | \$200                  | \$200                                   | \$             |                  |  |  |
| **Onsite test registration  | \$50                   | \$50                                    | \$             |                  |  |  |
| ***Onsite test registration late fee  | \$50                   | \$50                                    | \$             |                  |  |  |
| ****Retest written section only   | \$150                  | \$150                                   | \$             |                  |  |  |
| *Fees are payable to renew Valid-8 subscription<br>**On-site test registration is non refundable (a<br>***Late fee applicable past on-site test registrat<br>***Retest written section only from previuos p<br>Order Study Manuals Member | \$                     |   |                |                  |  |  |
| Irrigation Mainter  | nance Inst             | allation                                |                |                  |  |  |
| \$37.50 S&H per manual  |                        |   |                |                  |  |  |
| *5% tax on manuals  |                        | Subtotal B                              | \$             |                  |  |  |
|   | lect Test Date and P   |   |                |                  |  |  |
| Select the province you wish to challenge your hands-on certification test  |                        |   |                |                  |  |  |
| BC AB ME  | 3 ON                   |   | 5, NB, PE, NL) |                  |  |  |
| Manuals subject to 5% tax   |                        | Subtotal B                              | Ş<br>¢         |                  |  |  |
| Exam registration, S&H subject to Prov. taxes   |                        | SUBLOCAL B                              | ې<br>د         |                  |  |  |
| Examine gistration, som subject to From   | . luxes                | GST/HST                                 | \$             |                  |  |  |
|   |                        | Total                                   | \$             |                  |  |  |
| PAYMENT: payments must accompa<br>card; no invoices will be issued.   | any registration; pr   |   | -              | vith credit      |  |  |
| Visa Master Ca  | ird                    | Cheque (payable to CNLA)                |                |                  |  |  |
| Card #:   |                        | Exp Date: /                             | ,              | CVV:             |  |  |
| Name on Card:   |                        |   |                |                  |  |  |
| Address:  | City:                  |   | Prov:          |                  |  |  |
|   | Postal Code:           |   |                |                  |  |  |