



SHSM CLT Ontario Test Dates, Times And Locations for 2010

When	Where	Start time	Room	Test Type
July 9 th	Landscape Ontario, Milton	8am	Outside Landscape Ontario Office	CLT Practical Exterior
Sept 17 th	Kemptville College, Ottawa	8am	Outside AJ Logsdale	CLT/CHT Practical Exterior/Retail
Oct 1 st	Landscape Ontario, Milton	8am	Outside Landscape Ontario Office	CLT/CHT Practical Exterior/Retail

Don't forget to register your school/class for an orientation!

ID must be presented on test day, along with your signed waiver!

PPE has to be worn at all times or you will be asked to leave the test site!

Brought to you by;



Rachel Burt, Certification Coordinator
Landscape Ontario Horticultural Trades Association
7856 Fifth Line South, Milton, ON L9T 2X8
Tel: 1.800.265.5656 x326
Fax: 905.875.3942
email: rachelb@landscapeontario.com



Landscape Industry Certified

2010 SHSM-Student Application

Please be sure to fill out the entire application, or it may be void!

PLEASE PRINT CLEARLY

Applicants Name _____
Home Address _____
City _____ Postal Code _____
Phone _____ Fax _____
Please send correspondence to my: School Home

School Name _____
Address _____
City _____ Postal Code _____
Teacher Email _____
Phone _____ Fax _____

Practical

Please check off the appropriate test date: April 9th July 9th Sept 17th Oct 1st

Orientation

Yes, please contact me to arrange for a Certified Technician to come speak to my class about the Certification Test Day Procedure and Policies.

Verification of School/Co-op Experience:

Student agrees to review the manual and test book prior to test day and is familiar with Best Practices associated with operation of all tools and equipment

Teacher Signature: _____ Student Signature: _____ Date: _____

Payment: (Must accompany registration, no invoices will be issued, Please keep a copy as your receipt)

Student Price: \$195.00 includes 3 stations and 1 passport Pre-pay passports Passport quantity _____ \$ _____

Study Manuals: \$90 ea. Hard/Softscape Installation Turf/Ornamental Maintenance
(Number of copies) X _____ X _____ \$ _____

Method of Payment: Visa MasterCard Cheque (payable to Landscape Ontario) must be enclosed Subtotal \$ _____

Card # _____ Exp. Date: _____ HST 13% \$ _____

Cardholder Name: _____ Signature: _____ **TOTAL \$** _____

Stations/Sections: (Please check 1 of the 2 practical stations)

1. Installation:

- Sod Installation
- Tree Planting and Staking
- Plant Layout

2. Maintenance:

- Pruning
- 21" Mower
- Line Trimming/Edger

REGISTRATION CLOSSES 2 WEEKS PRIOR TO PRACTICAL EXAM DATE. REGISTRATIONS MUST BE COMPLETE AND INCLUDE PAYMENT OR YOUR APPLICATION WILL BE DENIED.

You are not considered registered until you have received a confirmation letter/receipt.

If you are not contacted or sent a confirmation letter and study package two weeks after submitting your application please contact Rachel Burt, rachelb@landscapeontario.com

Phone: 905-875-1805 • Fax: 905-875-3942 • Mail: Landscape Ontario-CHT, 7856 Fifth Line South, Milton ON L9T 2X8



2010 Certification Liability/Sign-In and Release Form

Please fill in your personal information below. Be sure both you and your parents sign the form at the bottom when you are finished.

Date: _____ Test: _____ ID #: _____

Personal Data:

Name : _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (include area code): _____

School Information:

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone (include area code): _____

Liability Release Statement

I release Landscape Ontario of any and all liability resulting from injury to myself as a result of participation in the Landscape Industry Certified Exam being held at Landscape Ontario, in Milton, Ontario.

I hereby grant the Canadian Nursery Landscape Association (CNLA), Landscape Ontario, and the Professional Landcare Network and its authorizing officers permission to use my likeness, voice, picture and name for print, radio, web cast or television broadcast anywhere throughout Canada, the United States and the world; and to edit such material on film or videotape for these purposes. I have been advised that this information is being used for educational and community/industry outreach purposes relative to the Landscape Industry Certified (CLT) program. I release CNLA and its authorized officers and partners from any liability as a result of these pictures, film, or video being taken. I also understand that there will be no compensation paid to me for this service.

Full Name (printed) _____

Signature _____ Date _____
(Parent or Guardian if under age of majority)