

Please Print Clearly

Candidate's Name:	Teacher's Name:
Home Address:	School:
City: Postal Code :	Address
Phone	City Postal Code
Please send correspondence to my: <input type="checkbox"/> School <input type="checkbox"/> Home	Teacher Email
	Phone Fax

Dietary Restrictions/Allergies:

Indicate if you require modified testing accommodations: *All requests must be supported by medical or social agency requisition*

Hands On Test Dates:
Please check off the appropriate test date:
 Jul. 19 Landscape Ontario Sep. 27 Kemptville College Oct. 11 Landscape Ontario

Orientation
 Yes, please contact me to arrange for a Certified Technician to come speak to my class about the Certification Test Day Procedures 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 Safe 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 includes 3 practical stations	\$ _____
Study Manuals: \$80 each + \$20 S&H per manual <input type="checkbox"/> Hard/Softscape Installation <input type="checkbox"/> Turf/Ornamental Maintenance (Number of copies) X _____ X \$ _____	\$ _____

Method of Payment: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque (payable to Landscape Ontario) must be enclosed	Subtotal \$ _____
Card # _____ Expiry Date: ____ / ____	HST (13%) \$ _____
Cardholder Name: _____	Manual \$ _____
Signature: _____	S&H \$ 20.00
	TOTAL \$ _____

Stations/Sections: (Please check 3 practical stations)

<input type="checkbox"/> Power Blower	<input type="checkbox"/> Edger and Trimmer	<input type="checkbox"/> Tree Planting and Staking
<input type="checkbox"/> 21" Mower	<input type="checkbox"/> Sod Installation	<input type="checkbox"/> Pruning

Permission to Participate in Landscape Industry Certified Hands On Test:

Print Name: _____

Signature: _____ Date: _____

Parent/Gaurdian (If participant is under 18 years of age):

Print Name: _____ Signature: _____ Date: _____

REGISTRATION CLOSSES 2 WEEKS PRIOR TO HANDS ON TEST
REGISTRATIONS MUST BE COMPLETE AND INCLUDE PAYMENT; NO INVOICES WILL BE ISSUED

RESCHEDULE POLICY:
Sorry, No Refunds or Registrations accepted 2 Weeks prior to test date
Rescheduling or Cancellation by Candidate of a Hands On Tests within 3 - 14 days of the test will be charged an additional \$50 +hst.
Rescheduling or Cancelltion by Candidate of a Hands On Test 2 days or less will be charged an additional \$150+hst.
You are not considered registered until you have received a confirmation letter within 2 weeks of submission
 Mail: Landscape Ontario Certification, 7856 Fifth Line South, Milton ON L9T 2X8
 Phone: 1-800-265-5656 x2326 • Fax: 905-875-3942 • certification@landscapeontario.com