



Interior Landscaping Certification Test Registration 2013

PLEASE PRINT CLEARLY

Candidate Name:

Home Address:

City:

Province:

Postal Code:

Phone Number:

Email:

Employer Name:

Employer Address:

City:

Province:

Postal Code:

Phone Number:

Email:

Fax Number:

Landscape Ontario Member? Yes No

Please send correspondence to my: Work Home *Please provide a personal email for important correspondence

Sign here if you authorize your employer to have access to your test scores:

Recommended Experience: Please indicate your green industry experience (for data collection only)

2000 hours (1 year) of work experience is strongly recommended before attempting this evaluation

1 year (2000 hrs min.) 2 - 5 years 5 - 10 years 10 + years

Please check ALL/ANY Landscape Industry Certified designations you have already COMPLETED:

- Technician - Softscape Installation
- Technician - Hardscape Installation
- Technician - Ornamental Maintenance
- Technician - Interior Landscaping
- Technician - Turf Maintenance
- Retail Horticulturist
- Designer (CLD)
- Manager (CLP)

List Any in Progress of Completion:

Please Register as a NEW Candidate or RETEST Candidate for:

- Interior Landscaping
- NEW Candidate
- RETEST Candidate

List Retest Sections: if know

Indicate if you require modified testing accommodations: All requests must be supported by a medical, social, or educational institution requisition

