

APPLICATION FOR CERTIFICATION under the Grandfathering Provision

Canadian Nursery Landscape Association
 7856 Fifth Line S., Milton, ON L9T 2X8
 P: 888-446-3499 F: 905-875-1840
 E: cld@canadanursery.com
 http://certifiedlandscapedesigner.com



A. APPLICANT INFORMATION

NAME: _____

RESIDENCE ADDRESS: _____

CITY/PROV: _____ POSTAL: _____

PHONE: _____ CELLPHONE: _____

EMAIL: _____

EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY/PROV: _____ POSTAL: _____

BUSINESS PHONE: _____ EMAIL: _____

Name of all professional associations you are currently a member of:

1. _____ 2. _____

3. _____ 4. _____

B. EDUCATION

INSTITUTION

1. _____

2. _____

3. _____

DEGREE/DIPLOMA

C. EXPERIENCE (Last 12 years)

DATE	EMPLOYER/SUPERVISOR	NATURE OF WORK
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Fax to 1-905-875-1840
 or mail to address above**



D. THREE RELEVANT RESIDENTIAL OR COMMERCIAL PROJECTS FOR DISCUSSION WITH THE REVIEW BOARD

- 1. _____
- 2. _____
- 3. _____

E. OTHER PERTINENT INFORMATION RELEVANT TO THIS APPLICATION (Attach additional page)

F. SPONSORS

NAME	ADDRESS	TELEPHONE	EMAIL
1. _____	_____	_____	_____
2. _____	_____	_____	_____

G. FEE (Application processed when payment received)

CNLA Member: \$325 plus GST/HST Subtotal: _____

Non-Member: \$425 plus GST/HST GST/HST: _____

PAYMENT: Total Amount: _____

Cheque (enclosed) payable to CNLA Credit Card - VISA or MC only (below)

Credit Card Number: _____ Expiry Date: _____

Cardholder Name: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

To be completed by Review Board

A. APPLICANT INFORMATION

Comments: _____

B. EDUCATION

Comments: _____

C. EXPERIENCE

Comments: _____

D. RELEVANT PROJECTS FOR DISCUSSION

Comments: _____

E. OTHER PERTINENT INFORMATION

Comments: _____

F. SPONSORSHIP (sponsorship letters attached)

Comments: _____

RESULT OF APPLICATION	CERTIFICATION GRANTED (circle)	YES	NO
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Comments: _____
