



# EXAM APPLICATION

## FNGLA CERTIFIED LANDSCAPE TECHNICIAN (FCLT)

*(Only applicants for FNGLA's Certified Landscape Technician may complete this application. Please print or type. If the application is not legible or completely filled out, it will be returned to you.)*

Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Employer/Company Name \_\_\_\_\_

Job Title \_\_\_\_\_ How Long? \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Website \_\_\_\_\_

FNGLA Member?  Yes  No Member Co. Name \_\_\_\_\_

<b>Exam Fees:</b>	<b>Member</b>	<b>Non-Member</b>
<input type="checkbox"/> FNGLA Certified Landscape Technician	\$225	\$425

*(NOTE: Exam fee covers one exam attempt only. Retests are charged per section.)*

### **Payment:**

My check for \$\_\_\_\_\_ is enclosed and made payable to FNGLA

Please charge my payment of \$\_\_\_\_\_ to  Visa  MC  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card Billing Address \_\_\_\_\_

