REGISTRATION FORM

Landscape Industry Certified Technician Test
Saturday, August 24, 2019
MATC • Mequon Campus
5555 Highland Road

REGISTRATION DEADLINE: August 2, 2019

****Please print clearly or type. A separate registration is required for each applicant. You may photocopy this form****

APPLICANT INFORMATION

Name_____ T-shirt Size (Circle one) L XL XXL

Home Address_____ City_____ State _____ Zip _____

Home Phone_____ Cell Phone_____Email_____

To become Landscape Industry Certified, NALP *recommends* that you have a minimum of 2,000 hours of work experience. Please check your work experience:

_____1 year (2000 hours minimum) _____2-5 years _____5-10 years _____10+ years

EMPLOYMENT INFORMATION

Company Name _____

Address _____ City_____ State _____ Zip _____

Phone _____ Fax _____

Manager's Name_____ Company Email _____

TEST SPECIALTY ***PLEASE SELECT ONE TEST SPECIALTY***

	One applicant	Each Additional applicants	Additional Certification for applicant **
☐ Softscape Installation	$300 (member) $400 (non-member)	$275 (member) $375 (each) (non-member)	$225 (member) $325 (non-member)
☐ Hardscape Installation	$300 (member) $400 (non-member)	$275 (member) $375 (each) (non-member)	$225 (member) $325 (non-member)
☐ Turf Maintenance	$300 (member) $400 (non-member)	$275 (member) $375 (each) (non-member)	$225 (member) $325 (non-member)
☐ Ornamental Maintenance	$300 (member) $400 (non-member)	$275 (member) $375 (each) (non-member)	$225 (member) $325 (non-member)

****Please note the pricing for applicant if they have already earned a certification in one specialty area and wish to test for an additional certification.****

I will take the test in (circle one): English Spanish

Test materials should be sent to (circle one): Work Home

I require the following special accommodations: _____

STUDY GUIDES

☐ Installation – English -$75 ☐ Installation – Spanish - $75 ☐ Maintenance – English -$75 ☐ Maintenance – Spanish - $75

PAYMENT INFORMAITON

Payment MUST be received with registration. Please observe the registration deadline.

TOTAL AMOUNT DUE:

Test Fee $_____ Study Guide $_____ Total $_____

Payment Method:

☐ Check Please make checks payable to WLCA ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number_____Exp.Date_____CVV_____

Name on Card_____Signature_____

Mail completed registration and payment to: WLCA • 21620 Belgren Road • Waukesha WI 53186 OR fax to: 262.786.2424

CANCELLATION POLICY

- THIS EVENT WILL NOT BE CANCELLED
- All cancellation requests must be in writing and received in the WLCA office on or before 5:00 PM on Friday, August 2, 2019. Telephone calls will NOT be accepted.
- Upon receipt of written cancellation on or before Friday, August 2, 2019, the Certification Program will issue a full refund. A check will be issued within two weeks of receipt of the written cancellation request.
- Cancellation requests received after August 2, 2019 will forfeit all fees to the Certification Program to cover administrative costs.
- If an applicant does not take the test for which they were scheduled and has not submitted a cancellation request in writing to the WLCA office by August 2, 2019, they will be categorized as a "no show."
- An applicant that is a "no show" forfeits all fees to the Certification Program to cover administrative costs.
- A medical doctor's written statement or family emergencies with proper documentation will be considered, but are not guaranteed refunds.

QUESTIONS?

Please call the WLCA office at 262.782.9522 or by email at: wlca@wi.twcbc.com