

PLANET National Certified Landscape Technician in Ohio - 2008 REGISTRATION FORM

APPLICANT INFORMATION

Please print clearly or type. A separate registration is required for each test applicant. You may photocopy this form.
ALL CORRESPONDENCE WILL BE SENT TO THE APPLICANT'S HOME ADDRESS.

Name _____ T-Shirt Size (Circle One) **M** **L** **XL** **XXL**

Current Home Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ County _____

EMPLOYMENT INFORMATION

Current Employer _____

Employer Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Owner/Manager's Name _____

Company Email _____ County _____

TEST DESIGNATION

To become nationally certified as a Certified Landscape Technician (CLT) an applicant must pass at least one designation. Additional designations can be taken at future test dates. **Please select the one test designation you will be taking and indicate member* or non-member rate.**

Designation	OLA/ONLA Member Rate*	Non-Member Rate
<input type="checkbox"/> Softscape Installation	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
<input type="checkbox"/> Hardscape Installation	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
<input type="checkbox"/> Turf Maintenance	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
<input type="checkbox"/> Ornamental Maintenance	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
<input type="checkbox"/> Irrigation	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375

TEST DATE - THURSDAY, AUGUST 21, 2008

New this year - you have the option of taking the written portion of the test on Wednesday afternoon (8/20/08 at 3pm) OR on Thursday (8/21/08) as originally scheduled with the hands-on portion of the test.

APPLICATION DEADLINE

July 1, 2008

Select one:

- Written test on Wednesday 8/20/08 AND hands-on test on Thursday 8/21/08
- BOTH Written test and hands-on test on Thursday 8/21/08

If you select Wednesday but do not show, **YOU WILL NOT** be able to take the written portion on Thursday.
NEW - Review the equipment used in the test on Wednesday, 8/20/08, between 5:30pm & 6:30pm.

METHOD OF PAYMENT

Payment MUST be received with application. Please observe the test application deadline! There will be **NO EXTENSION** of deadline!

Check # _____ Please make checks payable to: Ohio State University

Credit Card Visa MasterCard

Card Number _____ Expiration Date _____

Name on Card (Please print) _____

Signature _____

HOW TO REGISTER

Fax to:	330-287-7593	Mail to:	Ohio State ATI Business Training & Educational Services Shisler Conference Center 1625 Wilson Road Wooster, OH 44691	Phone in:	330-287-7511	Email to:	elliott.3@osu.edu
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Questions: Call the Office of Business Training & Educational Services at 330-287-7511 or 330-287-0100.
Refunds: Full refunds, less 10%, will be available only when written request is received by **7/1/08**
No Shows: Failure to show up for the test will result in forfeiture of full test fee AND you will not qualify for retake fees.
 To request accommodations for a disability, please describe here _____

* Membership will be confirmed by OLA / ONLA.