

Landscape Industry Certified Technician Test in Ohio - 2017 Registration Form

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

APPLICANT INFORMATION

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 _____

To become Landscape Industry Certified, PLANET recommends that you have a minimum of 2000 hours work experience.

Please check your work experience*: ____ 1 year (2000 hrs minimum) ____ 2-5 years ____ 5-10 years ____ 10+ years

* Required information

EMPLOYMENT INFORMATION

Current Employer _____

Employer Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Owner/Manager's Name _____

Company Email _____ County _____

TEST DESIGNATION Please select the one test designation you will be taking and indicate member* or non-member rate.

To become nationally certified as a Landscape Industry Certified Technician an applicant must pass at least one designation. Additional designations can be taken at future test dates.

Designation	OLA/ONLA Member Rate*	Non-Member Rate	Designation	OLA/ONLA Member Rate*	Non-Member Rate
<input type="checkbox"/> Softscape Installation	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	<input type="checkbox"/> Ornamental Maintenance	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
<input type="checkbox"/> Hardscape Installation	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395	<input type="checkbox"/> Irrigation	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395
<input type="checkbox"/> Turf Maintenance	<input type="checkbox"/> \$295	<input type="checkbox"/> \$395			

HANDS-ON TEST DATE – THURSDAY, JULY 20, 2017 Review the equipment used in the test on Wednesday, 07/19/17 from 5:00 - 6:00pm.

Select one:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Jan. 17, 2017 written test @ 8 am (MGIX (formerly CENTS), Columbus) & July 20, 2017 hands-on test (Wooster) | Application Deadline: 12/28/16 |
| <input type="checkbox"/> Jan. 26, 2017 written test @ 9 am (Ohio State ATI, Wooster) & July 20, 2017 hands-on test (Wooster) | Application Deadline: 01/05/17 |
| <input type="checkbox"/> Feb. 9, 2017 written test @ 1 pm (OLA, Broadview Heights) & July 20, 2017 hands-on test (Wooster) | Application Deadline: 01/19/17 |
| <input type="checkbox"/> Feb. 16, 2017 written test @ 9 am (Thornton's Landscape, Maineville) & July 20, 2017 hands-on test (Wooster) | Application Deadline: 01/26/17 |
| <input type="checkbox"/> July 19, 2017 written test @ 2:30 pm (Ohio State ATI, Wooster) & July 20, 2017 hands-on test (Wooster) | Application Deadline: 05/19/17 |
| <input type="checkbox"/> BOTH written test and hands-on test on Thursday, July 20, 2017 (Wooster) | Application Deadline: 05/19/17 |
| <input type="checkbox"/> Oct. 3, 2017 written test @ 9 am (Ohio State ATI, Wooster) | Application Deadline: 09/12/17 |

If you select Wednesday 07/19/17 for your written test but do not show, **YOU WILL NOT** be able to take the written portion on Thursday 07/20/17.

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 We can only accept credit card information in person, by phone or by US mail.

HOW TO REGISTER

Fax:	330-287-7593	Mail:	Ohio State ATI - Business Training & Educational Services Shisler Conference Center 1625 Wilson Road • Wooster, OH 44691	Phone:	330-287-7511	Email:	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 **05/19/17**

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.