

Landscape Industry Certified Technician Test in Ohio - 2018 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, NALP 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 all test components of at least one designation.

PLEASE NOTE: NALP HAS DETERMINED THIS IS THE FINAL YEAR FOR THE HANDS-ON LIC-T TEST. WE WILL DO OUR BEST IN OHIO TO HELP YOU SUCCEED BY OFFERING ADDITIONAL RETAKE TEST DATES THROUGH THE END OF 2018.

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, AUGUST 9, 2018 Review equipment used in the test on Wednesday, 08/08/18, 5:00-6:00PM

Select one:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Wednesday, Aug. 8, 2018, 2:30PM WRITTEN TEST & Thursday, Aug. 9, 2018 HANDS-ON TEST (in Wooster) | Application Deadline: 06/08/18 |
| <input type="checkbox"/> Thursday, Aug. 9, 2018, HANDS-ON TEST (in Wooster) | Application Deadline: 06/08/18 |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Can you return to the test site on Friday, Aug. 10, if needed, for retakes only? | NO ADDITIONAL FEE! |
| <input type="checkbox"/> Oct. 2, 2018 WRITTEN TEST RETAKES ONLY @ 9 am (Ohio State ATI, Wooster) | Application Deadline: 09/11/18 |
| <input type="checkbox"/> Oct. 9, 2018 WRITTEN TEST RETAKES ONLY @ 9 am (OLA, Broadview Heights) | Application Deadline: 09/11/18 |

Above are the final confirmed test dates in Ohio. Tentatively, Ohio is holding October 12 & November 3 as additional retake-only test dates. These will be confirmed after the August tests.

If you select Wednesday 08/08/18 for your written test but do not show, YOU WILL NOT be able to take the written portion on Thursday 08/09/18.

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:	BURKEY.56@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 **06/08/18**

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 _____