

Landscape Industry Certified Technician Test in Ohio - 2012 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 26, 2012 Review the equipment used in the test on Wednesday, 07/25/12 from 5:00 - 6:00pm.

Select one:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Jan. 24, 2012 written test @ 1 pm (CENTS, Columbus) & July 26, 2012 hands-on test (Wooster) | Application Deadline: 01/05/12 |
| <input type="checkbox"/> Feb. 8, 2012 written test @ 9 am (OLA, Broadview Heights) & July 26, 2012 hands-on test (Wooster) | Application Deadline: 01/24/12 |
| <input type="checkbox"/> Feb. 23, 2012 written test @ 9 am (Thornton's Landscape, Maineville) & July 26, 2012 hands-on test (Wooster) | Application Deadline: 02/09/12 |
| <input type="checkbox"/> Feb. 23, 2012 written test @ 9 am (Ohio State ATI, Wooster) & July 26, 2012 hands-on test (Wooster) | Application Deadline: 02/09/12 |
| <input type="checkbox"/> July 25, 2012 written test @ 2:30 pm (Ohio State ATI, Wooster) & July 26, 2012 hands-on test (Wooster) | Application Deadline: 05/15/12 |
| <input type="checkbox"/> BOTH written test and hands-on test on Thursday, July 26, 2012 (Wooster) | Application Deadline: 05/15/12 |
| <input type="checkbox"/> Oct. 4, 2012 written test @ 9 am (Ohio State ATI, Wooster) | Application Deadline: 09/18/12 |

If you select Wednesday 07/25/12 for your written test but do not show, YOU WILL NOT be able to take the written portion on Thursday 07/26/12.

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 **05/15/12**

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.